

ROUGH EDITED COPY

KING COUNTY EMERGENCY MANAGEMENT

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Phoenix Room

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** TRANSPORTATION **

>> DANIELLE BAILEY: We're going to get started. You are in the transportation breakout right now. This is the group that you guys are going to be with all day today so we want you to get to know each other, know where you're from, who you are representing so if you want to go around the room, say your name and whether you are a self advocate representing a community-based organization or from any other emergency management.

>> May name is Kelly, and I represent Provail, which is a multiple services organization for folks with disabilities.

>> Hi, I'm Jeanette with the Human Health and Services with the Administration of Aging.

>> I'm Joey.

>> My name is Marty. I'm the emergency manager for the City of Tukwila. Hopefully we are safe today. I have been in management with the fire service for 44 years.

>> I'm Mike Ryan. I'm the emergency coordinator for King County. I give support to 22 cities.

>> My name is Jojo with Vashon Fire and Rescue, and I'm representing the fire district. I work with the emergency operating center and other emergency groups.

>> I'm Frank Sanborn. I'm here as a citizen. I spent the last 18 months as an innovation fellow with FEMA and Health and Human Services, the assistant emergency response, and finishing up my federal appointment. I was able to work Hurricane Sandy. I have worked in Oklahoma. Most recently up at Oso. Looking to bring my experiences back and using different technologies and integrating technologies into emergency management. I have a lot of -- met a lot of people on the way. Just trying to integrate these relationships that I have built and knowledge I have back here.

>> I'm Roxanne. I'm with the King County Office of Civil Rights. I'm the specialist so I advise all county departments about how to be more accessible for members of the public who have disabilities. I'm also a fair housing specialist. So I do work with housing discrimination and housing issues.

>> Hi, I'm Jillian, Renton city of emergency management.

>> I'm Jennifer Brown. I'm representing mental health this morning where I'm the safety and emergency preparedness coordinator.

>> Good morning. My name is Christine Seymour. I'm owner of CS-Deaf and Hard of Hearing Resource Specialists. I'm an educator and advocate for people who are deaf and hard of hearing with an expertise in emergency planning and education for this population, starting in 2005 when I was regional emergency preparedness something or other for the U.S -- western U.S. and Hawaii under the Community Emergency Preparedness Information Network Project. And I am also a curriculum developer for the Pierce County FAST program as well as an instructor.

>> My name is Jan. I'm here representing the Alzheimer's Association. And I don't -- I have never done any of this stuff, and I think that -- we do have some policies and procedures in case of disaster preparedness. I'm really here to give my point of view with the population I work and also try to incorporate some of the innovation that's happening into our agency.

>> My name is Gary Meyers. I am with the Department of Services for the Blind. I'm looking to learn maybe some curriculum that we can use with our client.

>> Good morning. My name is Steve. I'm with Oklahoma County of Emergency Management. My area of practice is business and community education and outreach.

>> Hi, I'm Charlotte. Everybody calls me Char. I'm from Hero Health in Bellevue. I'm the peer support generalist. And I'm also on their emergency preparedness team.

>> Good morning. My name is Carina. I'm with Public Health Seattle in King County working with the preparedness section.

>> Hi. My name is Sharon. I'm here representing the Arc of King County which is in downtown Seattle serving individuals with

intellectual disabilities. I'm here as one of the operation managers and looking to learn more about how to prep for our agency emergency preparedness plan.

>> Hi. I'm Bharni. I'm also from the Arc of King County. We are here to learn.

>> I'm Steve Floyd. I'm with Group Action for People. We have one group home and three adult family homes.

>> Hi, I'm Ellis. Hatcher and I'm representing the Center for Independent Living, Norsound and also Lake Wood. And we work with people with all kinds of disabilities and we have been doing a lot of emergency preparedness education workshops and we are planning on doing some more this summer. And we've been working closely with FEMA disability integrate to work on -- we've actually been working on the Oso disaster and that was a real great piece of work. So I'm here just to learn more and to share.

>> I'm just going to listen.

>> You can still introduce yourself.

>> Oh, all right. My name is Amal. And I'm from Provail. And I'm one of the panelists for later this afternoon, so I'm just listening and trying to hear other people's perspectives. Provail is a multiple disability service provider in King County as well.

>> JOHN ROCHFORD: I'm John Rochford. I'm with King County Metro Accessible Services. And I've been asked to work on some of these panels because we're a resource in terms of transportation. But what I think we're also realizing is that all of you are resources in a variety of ways, whether it is in communication or transportation. So what we really want to figure out today is how to work together so that when we are responding to big disasters we have ways to work together.

>> I'm Erik. And I'm with King County emergency medical services.

>> Hi. I'm Jon Morrison. I work with the King County Mobility Coalition as a mobility manager. I will be your notetaker today. And I'm pleased to work with all of you. I might joint in the discussion at some point. Thanks.

>> DANIELLE BAILEY: And my name is Danielle Bailey, and I'm with FEMA Region 10 as the disability integration specialist, FEMA's primary role from a regional perspective. I really just make sure FEMA is accessible in all their programs. I look from everything from effective communication to physical accessibility, anywhere FEMA programs are set up or delivered to folks and more so in a steady state. I look at building relationships, kind of like what we're doing today with the disability community and emergency management.

So we'll go ahead and get started. We don't have a lot of time so we got to be somewhat efficient in our thoughts. I just want to kind of put it out there. We want you guys -- this is a free and

open environment so it is safe to say what you are thinking, what you are feeling, that type of thing, or your thoughts. Just to remember one person speak at a time and remember that we have interpreters and so forth so we need to make sure that we're speaking at a steady state as well.

So, today in this specific breakout, we're going to talk specifically about transportation and how it -- and how that speaks to the scenario that was set up this morning.

And with the scenario just to remind you, we're looking at significant amounts of snow throughout King County. We have freezing rain, cold temperatures outside. It's day four. Typical transportation modes are not running. People are encouraging to stay inside. However, like I said before, it is day four. So these are going to pop up.

So at this point, we want you guys to kind of start talking about -- based on that scenario, with transportation, and from your different perspectives, what do you think are kind of the critical needs for people with access and functional needs and disabilities. So if you can speak from a disability perspective or from your agency perspective. And what do you think are some of those critical needs that will pop up from an emergency management perspective from the get-go?

>> Medication.

>> DANIELLE BAILEY: Medication is one. Getting medications to somebody. What else?

>> Food.

>> DANIELLE BAILEY: Food. So how are we going to transport food to those folks who aren't going to be able to leave their homes?

>> Durable medical equipment.

>> DANIELLE BAILEY: Durable medical equipment. Can you elaborate on that a little bit more?

>> This can be anywhere from tubes, feeding tubes. This can be -- I'm trying to -- my mind is frozen. It can be diabetic needles or it can be mobility.

>> DANIELLE BAILEY: Durable medical equipment, walkers, wheelchairs.

>> Canes. And even transfers forest rooms.

>> DANIELLE BAILEY: Okay. Transfer chairs. What else?

>> Durable medical equipment that requires electricity is really important. A lot of individuals go to hospitals to get those needs.

>> DANIELLE BAILEY: So durable medical equipment, wheelchairs, powered wheelchairs, those things that require electronic.

>> Oxygen.

>> DANIELLE BAILEY: Let's hear from this gentleman in the back?

>> Getting backup staff to facilities that need it and concern

for dialysis patients.

>> DANIELLE BAILEY: So finding backup staff and transporting those folks who are maybe medically fragile or have significant medical concerns such as dialysis, okay.

>> JOHN ROCHFORD: Christine?

>> DANIELLE BAILEY: Yes.

>> Communication, making sure that the message is getting out where the resources are to everyone that's out there.

>> DANIELLE BAILEY: So communication. So how are we going to communicate what transportation is operable, what's not operable, where people need to go, maybe if somebody is a dialysis patient, where can they go or what does that look like?

>> From an emergency management standpoint, it is that coordination piece of we're receiving all the information of roads that are being shut down, roads that are being plowed, accessibility. But for those that need to get to their doctor's appointments for dialysis and things, they can't miss those appointments, we worked with public health a few years back and that worked really well. They provided vehicles but we had to coordinate with them as to how they would get to these locations and actually plow some roads to get to individual's homes.

Emergency management, our role is really to coordinate all of the transportation issues with all the different agencies that are involved so that we can make sure that the needs are all being met.

>> DANIELLE BAILEY: Okay. Did everybody get that? So emergency management, one of their major roles is that coordination to ensure those things are in place.

>> So for those who are sheltering in place and who may need a personal care assistant who does not live with them, we need to give assistance to them.

>> DANIELLE BAILEY: That's a big one. Somebody requires day-to-daycare, any type of personal assistance or they have a staff person that visits their house, how is that person going to get to their house if the roads are bad?

>> What interest interpreters? The language support for cultures.

>> DANIELLE BAILEY: Language interpreters, how is the messaging getting out to those folks about transportation.

>> Yes.

>> DANIELLE BAILEY: Or, you know, if they do have a home healthcare provider, that type of thing.

>> What about if they have taken medication or ran out of medication or need some assistance but they don't have a message, they can't tell. So they need an interpreter, someone to tell what they need.

>> DANIELLE BAILEY: Right, okay. So language, communication. Anything else as far as some of those critical needs that are going to pop up due to this type of scenario?

>> Mental health needs, you're talking four days into people that don't have communication on a regular basis, the stability of mental health goes down.

>> DANIELLE BAILEY: That's a big one. People are stuck in. They can't get out. They don't have their typical routine-type of routines that they do. Mental health, behavioral health concerns become an issue.

>> I will add water to the list as well because in my experience pipes will burst so water may not be running in the house which leads to sanitation issues and illnesses that can be contracted because of the sanitation issues.

>> JOHN ROCHFORD: So during emergencies and during snow times at King County Metro, for example, we would reduce services to what we call the emergency services network, so just those core bus routes that we can reliably provide service to, where we know the roads would be plowed and we know we have vehicles that could do that. For access it means services will be back to life-sustaining medical. Now you are talking about replenishing, getting staff to people's homes, talking about other kinds of issues. We may not be able to do that with access.

So I want to hear from you what are the resources you would turn to if you called access and we said we are already up to here with what we have to do. Within your eventual facilities, within your kind of coordinating networks, what are some of the things that you would turn to try to leverage those local resources?

>> I said that's a tough one because we live on an island. We don't have a lot of resources. We do have a few emergency community groups that handle from, you know, the neighboring NERO, we have a NERO which is kind of your neighborhood watch. So that's where some of the people can register through so we can get that bigger list. We do have the EOC, the emergency operating center. We have shelters. We have these different groups that we would turn to.

>> JOHN ROCHFORD: So you have a list of resources you would turn to in your community --

>> In our little community, yeah. But in a wider community, you know, I just don't have that -- my chief isn't here. So he would have that level of knowledge.

>> JOHN ROCHFORD: So some of the residential facilities, what would you be turning to, to be able to answer some of these needs?

>> AMAL GABRINSKI: We've engaged in a multiyear planning process around what we would do with our residential clients. To give Connecticut text of our program, we serve 65 individuals, 19 homes,

primarily in north King County, almost every one of our clients is medically fragile and is a wheelchair user.

We learned experientially really quickly you can't rely on other people to take care of your transportation needs because the systems aren't just there to support it.

And if you turn to access and say, you know, that's great, you are on life-sustaining service right now but my guy really needs to go buy some groceries, it's just not going to happen.

So we've been lucky enough to continue to work with access on getting loaner vans that are a permanent fixture in our program right now that off load some of the pressure on the access system. And then we go through a really intensive planning process with each of our households and each of our individuals on if this can't work out, if you can't use access, here's what you do. If you can't use public transportation, here's what you do. If you can't use one of our agency vehicles, here's what you do.

What does that leave us with? What are your own connections? We want to get people out to those connections that are sort of non-traditional and non-agency based. We ask people to connect with their families and churches and other places they get support to say maybe there is a person over here that can provide some of that critical transportation support or we can go out and get the groceries, who can meet those needs. There is no one size fits all answer. It is really just cobbling together everything you can think of to find a solution for people at critical times.

>> DANIELLE BAILEY: It sounds like a best practice as far as some of that advanced planning and knowing who those partners are before disaster hits.

>> Just kind of to that are advanced planning, I work for Sound Mental Health which is one of the largest mental health agencies in the state, one of the fortunate thing about weather systems is you can see them coming. We use weather models to inform our clinical staff, hey, this is coming. If you have populations, are you helping them prepare get medications in advance? We have a payee service for a multitude of people. So even if they have enough food and medications, they have no money and either one of those run out. It is working with them to get the payee services. It is not a perfect system yet by any means. But we are really working on the preplanning so that we can set people up for better access. It is working so far (knocking).

But it's wonderful when it's weather. It is harder whether it's an unknown issue that we have to play catchup with.

>> We're looking for people who have -- who can't get around in the weather because even at four days into an event, cities still are going to be having plowed mainly the main thoroughfares and the

neighborhood roads are not plowed. So we need to have vehicles that can get in there that are four-wheel drive. So we look to our citizen core groups, the CERT folks. They tend to be a pretty resilient, our search and rescue teams that are out there in the neighborhood.

If we have our public works department staffed up, we can ask them for critical needs, both to bring goods and services to the residents or to go and get them. We talk to our fire department. We have what we call our frequent flyers, those where we know the living facilities are and do wellness checks and sometimes members of our own staff will go out and touch base one by one.

>> DANIELLE BAILEY: I would like to speak to that in saying I always tell folks to get local. That's exactly what you're doing. So how many disability agencies or individuals out there are potentially involved with, you know, your CERT teams or citizen core teams, that type of thing, or your disability residential facilities? Any of those groups involved with that kind of entity or local group, kind of those first responders? That may be a best practice because really that's who you are looking to put those feelers out there, boots on the ground to see what's up. So that might be a good partnership right there.

>> One of the other things we stress at Provail is personal preparedness for all of our staff. So understanding that most of our staff are working several jobs or they have families, that they're going to be concerned about that they want to be with their own medications, their own personal issues. And so emphasizing to them that they're going to be more likely to be helpful for our clients if they are secure in their personal preparedness.

>> I actually wanted to piggyback on what the emergency management said, we actually had a snowstorm in Portland and we did that. What we did, we paired them up with people from aging and disability. We took a transportation department and our jails who does transportation and we actually have a mountain four-wheel drive club that is part of our search and rescue teams because we couldn't get employees into the office. So when they picked these employees up, we met at the DOC and we dispersed them to disability centers with social workers in demand so they can do assessment on those needs. But it was coordinated through the DOC, through emergency management. Basically we do coordination so they told us what their request was. We're not mission driven but we helped them accomplish their task. So we paired them up with social workers, aging and disability. They reported to DOC.

The ones that could not be sent out from the transportation department to get them -- the jails -- we never thought about using the jails. They transport -- they use transportation because they have to take people to court. They cannot miss. And they said, we

can do it. We have drivers. We have buses. And we brought in 120 employees and they took them to different places, something we do not -- didn't think of.

The other thing about the CERT, I'm looking at creating a CERT team of people with disabilities. You have to be able to do certain things but what some of the other things you have to do that won't recall these particular things. Justin and I are working on that CERT teams because that's in this population. We often exercise people with disabilities. They are like, we can't do this.

>> We try to get a message out to our skilled nursing, adult family homes that they should be prepared. We'd like to make the assumption that they hear that message and are prepared. They've lined up with neighboring facilities or they can support each other.

At the same time, we challenge our emergency managers to get with the licensing bureaus to get an inventory of those facilities in the community. And when we've had storms like these in the past, we've systematically reach out to each of those just to find out how they were doing, even driving to their facility and knocking on their door.

>> DANIELLE BAILEY: Has anybody ever done an inventory of maybe those residential facilities or anything out there to kind of see what accessible vehicles they may have available? Things like that or those type of partnerships? Is any of that discussion happening between the disability agencies, organizations and emergency management?

>> I was just going to say, I think a key to what we're talking about here though is that we have our day-to-day things that we do that work well. Access and all these others that programs are there.

But I think we need to understand in this scenario that you're giving us and many different scenarios, cities should down. We stop all of our -- we only staff up our critical staff that has to be there for city government to operate. Our fire departments, we instruct our fire stations "do not go out." We don't want them going out and doing surveys. They are driving a million-dollar piece of apparatus. It will slide and go in the ditch and now it is useless. We shut down. We really close down shop except for emergency situations.

The other is that -- and I really like Mike's deal here, going to CERT. But what I'm thinking -- what I made a note to myself is I want to create a MOU with some of those organizations, some of our four-by clubs and so forth, you know, how are we going to pay for them. What if they get in a wreck while they are doing a task for us or something so we could establish a prerelationship.

with them and use them. But we have to think outside the box. Same with the police. We can't just send the police around. They're trying to open up roads and shut down roads and all those things.

So we have to think outside the box. These other non-conventional folks that would be a great service in a scenario like this.

>> DANIELLE BAILEY: I think you hit the nail on the head. Really that non-conventional, thinking outside the box and having those prediscussions, establishment of MOUs, memorandums of understanding, beforehand to see what resources can be brought to the table by both entities.

>> We do that real well with HAM radio groups, right? You know, I mean, we've embraced HAM because we just know that that's a service that's available and we have tons of citizens who want to help and be a part of that. So I think we need to just go outside the box a little bit and think about four-by clubs and some of these others that would be a great resource.

>> JOHN ROCHFORD: One of the things I heard talking about was need for interpreter services and such. So obviously you're going to think within your own structure and you're going to try to figure out how to get those people in. But how would you make your needs known that you need transportation to get an interpreter to a customer? To a client?

>> I think you have to know where you get first the interpreters, where the agency is. You also have to know who needs interpreters, who needs that need. And then you have to match.

But I think we have to know which address we can call immediately and get someone to come to our office. Who is close to where we are at? Because if it is an emergency with the snow, even the interpreter can't get out. So we have to know the address because the interpreters have addresses. They want the addresses. So we have to know which one is close so we can get or someone can walk in to us. Or we can have a line -- conference call line so we can at least call someone.

>> JOHN ROCHFORD: Christine?

>> Both language and sign language interpretation would be really important in planning processes, to have MOUs with the local interpreter agencies. What that does is puts in their mind ahead of time that they -- and we are willing to be called when there is a disaster. And they will already know that we have some interpreters who are willing to work during the disaster. We all know in a disaster situation, the interpreter can be on the other side of the bridge that's broken down. By setting up that understanding ahead of time so that the agencies can work with the interpreters that work with them, have a list of those who are willing to come, not everybody's going to be willing to work during a disaster.

Then when the time comes and an interpreter is needed, you have your contact ahead of time. You have people in a mindset that are

going, oh, there is a disaster, they could be calling us any time now and start working with their interpreters right away to find out who is available.

>> JOHN ROCHFORD: I will go. Roxanne.

>> King County and Seattle have a contract with Sign On to provide what we call the emergency sign language interpreter program, or ESLIP, and it is available 24 hours a day, 365 days a year. The interpreters generally can be on the scene within 30 minutes or less. Of course, that would be extended in our scenario. But we do already have that in place for normal everyday emergency needs. It would be doubly important in a disaster scenario.

>> The fallout of storms such as this is going to include loss of telecommunications. And we think that cell phones are going to continue to work in a situation like this, but my cell phone relies on a plug. And if I don't have electricity, it will not work. Having those conversations about the MOUs and knowing if something happens, someone will be there or where is the connection point so you are not relying on a technology that's relying on something that might not be available.

>> JOHN ROCHFORD: So I'm hearing a lot about preparing in advance and forming those relationships. And I just want to underline, that's really one of our goals for today, is that you guys trade business cards. Talk about networking, figure out how to make some of those relationships. It may not have been on the emergency manager's radar that we needed to have thinking about calling upon interpretive services. If he have the residential services on the radar, but this might be one they need to add.

So it is kind of continuing that conversation so we develop those kinds of relationships there.

Somebody -- was it?

>> It is on our mind. We created a culturally linguistic ARIES team. They speak 12 languages. We just stepped into the schools.

>> Fantastic. That's what needs to happen.

>> It is my project. (laughter).

And that's only because we have -- like you guys have, we have most of our services in the county, 80% of those services are contracted out to CVOs and NGOs and we work through African-American Health Coalition, NAIA, Aging Health and Service Center, if they can't do what they do, it rolls back on us. We wrote culturally specific communication a few years ago. From that project we realized we needed interpreters as essential, essential employees when times happen because they are the ones that can translate. They are the ones that can interpret. They can translate a message so it can be culturally competent and sensitive. Some of the things we say aren't when we send those messages. Now that we finished that

project, the second half is to create a culturally linguistic ARIES team. They will translate and send out messages to their communities and radio stations to broadcast those messages.

>> So I guess because I'm a social service agency and we have -- we meet with the people that are vulnerable, when I'm thinking about this structure of emergency services, how do I link -- how do I directly link to that service because for me to make a MOU With Sign-on Services or another agency that's going to help me in being able to provide those services is going to cost a lot of money I don't have.

One of the things we do -- and we did it with the opposite scenario when we had the heat wave in 2009, we were calling people and making sure that people were okay. I mean, that we had people that were -- have memory challenges and didn't know what was going on and living alone. So we were making those phone calls and connecting them to services which is a different -- completely different scenario because there was no snow and people could actually get to our clients.

So when I think of this infrastructure, I think about it as it's awesome. It really is a fabulous thing. But how do I -- how as a small agency make it happen for my client? Do I just make a phone call to CERT here in Tukwila or what do I do?

>> DANIELLE BAILEY: Does emergency management want to answer that?

>> I recommend get to know your local emergency manager so if you have a need, call them. If they don't have a direct way to meet your need, they'll work with you to find a way to make your need. Every city has somebody assigned to that role. And so I would really encourage establishing that relationship. We want to try to reach out to you, if you can help us by reaching out to us.

>> So I'm -- well, we're central and western Washington. So it would -- I think -- is it just by city?

>> In the central part of the state, it is your county office of emergency management.

>> Maybe we should talk and you can come and do a presentation to our core group of social workers who are actively engaged with the community.

>> So I don't want to dominate this conversation, I have to because I used to be the director of mental health and addiction services. It is your emergency management -- if you run like the county, most of your county services health department especially, they have contracts with culturally specific organizations. They know who those organizations are. And you need -- because a lot of people say we have to pay for it. I don't pay for interpretation, especially doing disasters because I know all of social service agencies because I worked with them when we were in mental health. We already had

contracts with them. I would talk to emergency management and my social service agencies and say, hey, look, this is what I need. Who is the Native American representation. It is not just one tribe. Who are the tribes that you work with, that you do service with in your contracts? Who are the Latino contract services you do work with? It is about relationships. And I will tell them what my mission is and if I need, could I call on them? They will say, you send us something because you are taking care of our people, we'll send it out for you. That's the way you build partnerships and relationships. And you have to know them before the disaster happens and just say this is -- I want to make sure that my Latino community gets this information. I want to make sure my African-American community gets the language they understand. They will say send us your message and we'll write it up and you send it out. It is working with your human services -- I'm just saying in the county, we have contracts with all these people, 80% of the services are provided by community-based organizations.

>> DANIELLE BAILEY: And that's pretty key. I think that preplanning, relationship building, knowing what all those entities are doing, a disability relationship organization has a role. Emergency management has a role. That's everything you guys have mentioned today. So those partnerships are key.

>> I work with a 24/7 care residential-based and facility-based. And one of our primary concerns in this kind of situation is how do we get staff to a client's home or to a facility. One thing I have come up to talk with the groups about is consolidation planning and how can we start looking at when we have different percentage of staff who aren't going to be there, when can we start shrinking down? When can we go from complete operation down to 75% down to 50% capacity as one option? The second option with the transportation resources we have at facilities, when can we send out those transportation resources to residential homes and start bringing people back on the campus as two different contingency methods.

>> DANIELLE BAILEY: The agency preplanning and how you can get down to minimum services and maintain everybody's health and wellness.

>> One of the primary concerns, and we don't have a solution for that yet is when supply routes start drawing up because we can't get trucks to places, what are we going to do with pharmaceuticals? That's one of our primary concerns. If we can't get pharmaceutical supplies, people are dependent on these medications. What are we doing? You can't necessarily get a 30-day stock of certain medications because of the cost or whatever else involved with that. What are we going to start doing when we are sheltering employees for an extended period of time and we can't get medications?

>> DANIELLE BAILEY: Can anyone speak to that, about transportation of durable medical equipment or consumable medication?

>> AMAL GABRINSKI: We have set up a memorandum of understanding with local pharmacies. We have plenty of outstations. We sat with them and said, "This is what our need is going to look like." We have worked with pharmacies that will come and deliver stuff to us. They have made a promise to us that they understand the fragility of our clients. If something goes down, they're going to do everything they can. Understanding that on our end, we're going to send out managers. I will go out and pick staff up. My C.E.O. will go out and pick staff up. I think at the end of the day, a lot of it comes down you can't wait for somebody else to meet your need. You have to be willing to put yourself at risk and meet your own need.

>> JOHN ROCHFORD: Perfect.

>> I just want to emphasize one point, though. In regards to contacting the emergency management, remember that our goal is to coordinate, to coordinate all these different needs and so forth and to disseminate information. Because we should be the hub. We should know what streets are being shut down. We should know public health calls us and lets us know they have an address that's vulnerable to us or so forth.

But I just want to emphasize that individual need of one home may not be something that we can address. And so to call us and expect emergency management to address one address and need probably is not going to happen.

Same with interpretation. Tukwila, we are one of the most diverse cities in the state. We have over 80 languages spoken at our high school. And so interpreting is a huge issue to us but at the point that we get overwhelmed, we are going to the county because we can't handle all that and so then we go to the county and say, hey, we're getting these needs.

We don't have the resources to address them. But I'm sure that there's a regional issue going on because everybody else has the same problem we are with the scenario we are given today.

But I just want to emphasize that we're not the end-all, fix-all. We are really the ones to coordinate, gather information, situational awareness of the whole region and disseminate that information. And we're going to be looking to all these great agencies that you are referring to because that's where we're going to need your help to mitigate, to fix these problems that are being presented to us.

>> How do you disseminate your information?

>> In Tukwila -- I can only address Tukwila. We have several different ways. We have cable TV, channel 21. We have the AM radio, channel 1640. We have code red in the city that we have all of our

population under code red. Then we have special groups that we can reach out with through code red.

Beyond that, we have an AHAB siren that we can blast things out, even with a siren. But our main means -- and then, up at our city, social media. We have somebody that's just constantly monitoring that and tweeting and Twittering and giving information as we present that to them. So those are our main sources, I think.

>> Do you provide any means for other organizations to have situational awareness and know that for roads or that type of information or your email systems? How to push information out?

>> There's a couple others. ARPIN, if you are familiar with ARPIN. We utilize ARPIN so we will push information there. That's available. Again, that's -- that's assuming that people have access to the Internet and can get to those sites and so forth.

But that's why we try to do the channel 21 and the AM radio. Most people do have access to that. So we just have constant information that we can feed to that.

>> DANIELLE BAILEY: Any other comments?

>> JOHN ROCHFORD: What I'm hearing is some of the best practices are to step outside your box. So the fire department's not going to be doing surveys, whether this place is fire safe or not. They're going to be reserving their stuff there. Amal and Provail is talking about they will go to the pharmacies and pick things up in advance. We are talking about reducing services to match the staffing we actually have.

So that's kind of what we want people to be thinking about, is in your best practices, what are the ways that you're going to minimize your transportation needs to figure out how to make it work when the resources are scarce.

For King County and access, we don't necessarily always transport people during those kinds of emergencies. Sometimes we will transport food from food banks to people's homes, again, thinking a little bit outside the box about how to leverage what scarce resources we have.

So are there other ideas about ways your agencies could minimize your need for transportation or leverage other sources of transportation to make that work? My reliable Amal.

>> AMAL GABRINSKI: A simple one that a lot of residential providers don't do that I talk to. It is a silly little thing, it is making sure you know your neighbors. 99% of the time, I can get a neighbor to go out and do something if I really need it because I find that most people who live in communities really want to be that safety net. Now, granted, there are times neighbors will say I can't get out of my own house, why would I do something for you? It is incredibly rare that there isn't somebody that will step out

and do that. So just knowing who lives on either side of you. For those of us who live in urban parts of King County, we are isolated from who we live next door to. It is making a concerted effort to know who you are living next to and who you can rely on.

>> Living on the island, that's who we rely on. We're always thinking out of the box. We are always relying on our neighbors. We know who has a chain saw. We know who has a generator. I mean, really, you do rely on your neighbor. And that's one thing that's great about on the island. The people that work in these little emergency groups are really passionate about it because we've been in that storm. We've been in that situation where we don't have electricity for 14 days. Yeah. You should know your neighbors. You should know the groups that you can rely on and what resources are available.

>> I'm just going to make a little bit my experience, she said know your neighbors, know your area. When I'm here in Seattle -- I just moved to Seattle at that time. So I remember, like, two days, almost three days I am the only person walking outside and getting the community what they need because I have a big strong car and I come from Massachusetts where it snows always there. (laughter).

So even though I was new, there are people that already know me. This is nothing. I can't drive this. I say that. I say keep calling me. They refer each other. Hey, please call that lady, she can do it.

Tukwila is the worst scenario because of the snow because it is hill and hill and hill. I live all the way away and get the medication. So we are -- I'm from the small community but also if we know each other, we can help each other.

>> One of the things I found is that your local PTA organization is really kind of the ultimate grassroots organization. That would be a great way to connect in to be able to start setting up community plans. They are affiliated with the schools but they are not with the schools. So there are parents who absolutely care about community and themselves.

A lot of the times those individuals also have criminal background checks because they volunteer inside of the schools. And in order to do that, you need criminal background checks. So that's an Avenue to get out into neighborhood and get that situational awareness to a trusted body, is your local PTA organization.

>> JOHN ROCHFORD: Christine?

>> This brings up another major piece of the preparedness, and that is the education of our communities and our clients because one of the things I truly focus on in deaf and hard of hearing emergency preparedness is developing your own support network. Those of us who have communication barriers often don't get to know our

neighbors. But it is an important piece if I only know them enough to say I'm deaf, if we have a disaster, tell them to break my door down. That's part of my planning.

>> JOHN ROCHFORD: Yeah. Perfect.

>> So adding that into the communication, into the education of the people that we're serving, not just our staff, is going to be a posh piece to people becoming more independent and self-reliant during the disaster time.

>> Somewhat on that, it is interesting -- and I completely personally believe, I think it is great for our organization of being self-reliant is key. There has got to be some level of advocacy and education. Metro is getting cut all the time. If metro -- bless you. I'm sure you are a lovely man. Accessible is unreliable as it is. We have clients dropped off three hours late, three hours early, and their pickup ride is not there.

>> Shhh, shhh, shhh.

>> I'm sorry. (laughter).

Part of that education is letting the greater community know that this is not just for the people with disabilities that we work with but all of us are going to rely on this infrastructure. And I know there are competing priorities but there's part of education and advocacy that needs to be happening on a regular basis. I will put my soapbox aside.

>> JOHN ROCHFORD: We are getting towards the final ten minutes of this session. Are there other burning issues that you feel like we haven't even touched upon for transportation?

>> I would just say that last winter, to just touch upon some planning that some of you in the room were involved in, public health worked with emergency management, with some of the transit providers, emergency medical services to look at if we had -- to get people to medical appointments, particularly dialysis and chemotherapy and they went days without getting to those appointments, what were the transportation options.

We came up with a model that we haven't tested but working through King County office of emergency management and working through the regional search and rescue team that have access to four-by-fours as well as the mobility and some of the transit providers that have -- can chain up or have four-by-fours to prioritize those people who need to get to those medical appointments, who live maybe in areas who were not getting served by. Because we've had reductions as well in terms of snowplowing in the county, particularly in unincorporated areas. How can we get people to doctor's appointments?

That's some of the planning we did, in King County, at the office of emergency management, their jurisdictions may want to take care of their residents, about there's also some triaging and

prioritization that needs to happen because everyone mentioned, transit resources are scarce and getting scarcer.

>> Could I just -- we utilized that? I don't know if you remember. But we actually -- we had one of our citizens that called our office and said, hey, I need to get to my appointment. They have gone two days without it. They need to get there. And it was literally a life and death situation.

We contact public health. We coordinated with them. We contacted our plows, literally talked to them on the streets and said, you got to get down 152nd and give this vehicle access to this home.

So that was the coordination that we did in cooperation with an agency that was trying to do that service to our citizens. And it worked extremely well. They got out. We plowed the road right to them and it worked out just well.

When we know those things, that's that cooperation. That's what we're talking about with -- we can't necessarily go and pick that person up and get them somewhere, but we'll certainly cooperate and work with you. And we'll get a plow to go down the road if we have to for a true emergency like that.

>> JOHN ROCHFORD: John, our notetaker, is with Hope Link. We also will coordinate with Hope Link access. So normally you have to be registered with one service or another. During those kinds of times we will suspend those rules and do special ride or transportation because that's what's important to do.

So count on people to coordinate. You have to ask. Part of the message is we're saying we want you to be resilient and have your own internal plans and do your own preparation. That shouldn't keep you from asking for help or making this known of the particular needs that your agencies might have so that we can work together to try to coordination and come up with other solutions.

>> Could I just throw one other thing -- just a pitch real quick. You know, we talk about the three days-type thing and we kind of -- I think we've expanded that really now. We want five days. What we're talking about really is we need that big emphasis to have all these people have five days' supply on hand because those first few days are chaos, right? We are trying to bring organization to chaos.

During those first five days, this is a great opportunity for all the different agencies and populations and cultures to emphasize the need for individuals who be prepared for five days.

And hopefully they'll have food, medication on hand and so forth until we can get some things organized better support them.

>> I think that's fantastic. I think emergency managers and government needs to understand there are functional limitations to what some people can have on hand because we're funded by the government for certain medications and durable medical equipment. And we're

waiting on checks for food. We may not be able to have that stuff. It is a great idea, and when you are coming from a place of plenty, it is easy. But when you are talking about people who are probably low-income, very likely low-income, and who have limited resources to begin with, that's not always going to be something that can happen.

>> We recognize that.

>> DANIELLE BAILEY: I think that's a really good point. We only have a little bit more time to talk -- maybe four or five minutes. But I want to kind of lead on to that. What are -- as we leave this transportation group, are there things out there, it can be pie in the sky or whatever, where emergency management, disability agencies, organizations can work together on an ongoing basis, at least be in communication of this is a reality, this is their reality, what can we do? How can we make sure that we're all well-informed? So maybe this agency has MOUs with Sign on and so does this agency. But guess what? If everyone in the whole King County is using ASL interpreters for communication, they will not be available. That constant communication -- any ideas about that or kind of what works or what doesn't work or kind of pie in the sky ideas to improve that ongoing? Amal?

>> AMAL GABRINSKI: I think many of us that are on the professional end of residential services, whether it's AFH, supportive living, whatever, we often have provider networks where we meet regularly to talk about sort of what are the big-button issues. I think there are obviously many, many professional provider groups that can act together.

I think part of what we have to do as people who are invested in emergency management is do a better job at reaching out to folks in the emergency management community and saying, I don't know if you know this but once every other month there are, you know, 40 providers in a room that represent 2,000 clients. We would love to have you come and talk to us about what you think we can do, how can we make it better for each other. Because this gentleman over in the corner said it exactly appropriately.

It is about relationships. And if you are not making relationships with people, it is going to make your job a lot harder. It is as simple as a phone call and can I spend ten minutes talking to you about what I need. I find almost everybody is receptive to that.

>> We actually have started. Every month we meet with the health department now. Department of community health services and we run a scenario, a tabletop about what their need is and how we can coordinate that need. And we started with the snowstorm for people with disabilities.

And we bring in part of that staff and part of our staff. And we operate an EOC, what they need logistically, how we will pay for it through operations procurement. And we're finding out, oh, this is what their need is going to be and this is who the partners are. We need to look at creating a MOU to help them with this need.

We are doing one Wednesday with the health department. We are taking department by department once a month and we write the scenarios. We let them write the scenarios and we coordinate how we'll serve them. So we're getting to understand a little bit better what they need to be.

>> DANIELLE BAILEY: That's a good practice, really doing exercises, tabletops, including folks with disabilities, agencies that represent so you can get a real idea.

>> One at a time. We don't take mental health and development.

>> I think trickling that down to community level because it may just stay at health department and not trickle down to community agencies that have a lot of access.

>> I'm not familiar with other communities, but in others, what we do -- when we have an especially house because we're the only fire station on the island, we invite all the different groups, our NERO, our sheltering, all the different groups and we all get in our bay so the community has access and know where they can turn to. These are the people, if you need, you know -- if you need anything in your neighborhood, talk to the NERO. If you want anything with communication, talk to the ARIES people or the HAM people. We do get together once a year and do that.

>> DANIELLE BAILEY: Any other comments or anything that somebody wants to share in regards to transportation? Alex?

>> In regards to transportation and in regards to emergency preparedness, people I work with, I'm an independent living coordinator, when we work with people, we work on their goals. One of the major things we also prepare for is we give them emergency preparedness information, connect them with the local agencies, make sure they know that they can call us to get connected up with any other resources. Again, it goes right back to early preparedness, communication, knowing your neighbors, mapping your neighborhood, getting the idea who's vulnerable this that community or even in your organization, if you know there's some more people more vulnerable in this crisis.

It just goes right back to -- we work with a lot of people with economic disparities where a kid to put together is almost impossible. So we also provide education to put together a kit that's more affordable. How to get ahead -- how to put together your medications for that period of time because there are medications -- how are they going to get a week supply? They will

not supply that. Trying to find out of the box strategies to get that medication in place.

I just wanted to add, this goes back to the same thing we were talking about, with communicating, talking our community partners, knowing our resources, providing our consumers or our clients with those resources and just communication is just so huge.

>> JOHN ROCHFORD: Well, thank you. There's a 10-minute break plan between one session and the next. Again, you stay in this room. We are the itinerants that move around. So take a quick break and then we'll reconvene at 11:25.

(Break)

** COMMUNICATION **

>> MICHAEL RICHARDSON: Are we about ready to go, folks? Test? Okay. Just past 25. Can you hear me back there okay? All right.

we will go ahead and again. My name is Michael Richardson and I am the director of the northwest A ADA center. We do education workshops about the Americans with Disabilities Act in Alaska, Oregon, Idaho and Washington.

I will turn to Ariele for her introduction

>> ARIELE BELO: Hello, everybody. I'm Ariele Belo. And I'm the -- I work at the deaf and hard of hearing services in Seattle. We cover 13 counties in western Washington. And I provide service and training in various workshops to deaf and hard of hearing individuals. We also have emergency education programs and we travel all over the state to the 911 centers providing training and workshops to 911 operators about how to respond to deaf and hard of hearing callers during a state of emergency.

Hello.

>> MICHAEL RICHARDSON: Just I will remind you, this is the communications group and the focus is identifying the gaps, barriers, potential solutions and partnerships as we deal with emergency management and those with disabilities in which communication is impacted. So we are talking specifically about groups who have hearing loss who are deaf, those with vision loss, vision impairments, communication, either verbal communication limitations, intellectual disabilities, things like that in the first group, we identified a few areas that we talked about in partnerships and collaborations. We have not included communication inside shelters. Somebody brought up it was important to discuss -- we haven't talked about it yet, it doesn't mean you have to do it in this session, but emergency notification systems and how we make those work with those with communication barriers

and in various scenarios, when there is no electricity, which means there is no access to television or cell phones could be impacted by use and, therefore, not working, just some things to think about.

We have people in the room who have expertise with hearing loss and knowledge about potential issues related to communication and how you get the messages out there, how the first responders respond and communicate with those with communication barriers and, of course, we have those on the other side who are in the emergency response team, the cities, governments, who have resources and the power to make things happen.

So why don't we go ahead and start with just general discussion on what you think some of the key issues are with communication. And rather than thinking about it in general terms, think about it in terms of your community and the work you do and some of the experiences you may have already had frustrating or positive in which communication plays a role. Okay?

Yes.

>> AMAL GABRINSKI: I will go ahead and start out. I know other people have had this issue out. I work with people who often use communication devices. I find over and over again that first responders don't have the time to listen to a person who is using the communication device and is often pretty slow at generating -- I understand it. They are on a tight time crunch so it is clear on all directions in a situation that it needs to be because if the first responder is saying, I would love to listen to you but, staff, tell me what's happening with this person. Sometimes, like, I got nothing. You got to go to this guy. Anyone else had that issue? It might just be me.

>> I am a first responder. And this is a great subject for me because I don't know what it has been. I do know that we have a population with hearing impaired. So I'm going to be thinking about this and bring that back.

>> Are we just talking about devices or communication in general? Are we just talking about communication devices or communication in general? Like, a language barrier?

>> MICHAEL RICHARDSON: Yeah, language barriers. Easy-to-read materials, cognitive disabilities that can be a struggle.

>> Of the graph they showed earlier today about, you know, the majority of our disabled population or deaf or hard of hearing, about 4% is sign language users. The rest is people who have hearing loss. And what she said about using communication devices is exactly the same as someone who is hard of hearing that simply needs someone to slow down and give them the appropriate communication. On top of that, the majority of that population is our senior citizens which also have other access and functional needs on top of it and are not

particularly technically savvy so they may not have their smartphones to get Twitter or wherever that information is coming through when the electricity is down. So that's a huge population that we're looking at that may or may not be getting the information they need.

>> MICHAEL RICHARDSON: That's a good point because you heard earlier in the morning presentation, we got a huge wave of aging population. And hearing loss will be a huge issue with folks in that population. You see emergency preparedness kids with radios in your house, those will not do much like myself and those with hearing loss. So, again, think about in terms of no electricity, how do you get a message across to somebody?

>> I tell the deaf and hard of hearing in my workshops about the radios so your hearing neighbor can listen for you because they are probably not prepared and you are. (laughter).

It is a benefit to having it in there.

>> ARIELE BELO: But, also, we need to think about equal access, how agencies such as the police and fire department, how do we disseminate the message? How do we communicate what's going on? Think about the electricity being out. All right. So how does the message get out into the public?

>> So we have set up a BEGON with our NET and CERT teams in Portland. We have trained 120 NETs to be ARIES. And they are set up at some social service agencies, some parks and all the fire stations. So if we need to get out emergency messages, we sent those messages out from our EOC on the HAM radios and they disseminate those messages to the communities. Most fire stations are nine to ten minutes from most communities. So we put two of them, there's two, a technical one -- two -- in case they can't get on in these fire stations. That's how we would send out all our broadcast if all systems were down.

>> MICHAEL RICHARDSON: Just to follow up on that comment, in the previous session, somebody mentioned that when cell phones are in high use in situations, they interfere with the HAM radio system. Is that correct?

>> No. The fire chief can talk. We have been using HAM radio in our military for use. That's the only system working in Katrina. I'm not technical. It travels on electric light spectrum. It is not wire-to-wire or end-to-end. You can use a HAM radio in any situation. That's our major source of communication and the fire chief can comment on that.

>> You are absolutely correct. Totally -- two totally separate systems.

>> MICHAEL RICHARDSON: So in essence when the radio is not going to work, the HAM radio is not going to work for the deaf couple in their house, what is your backup or alternative means of

communicating?

>> Not totally true. Deaf people can use it. HAM radios now have the ability to work with computers. Now, again, you're going to have to have power now so it's going to depend on that Internet connection and so forth. But we can actually send pictures, documents, Word processing, all those things can be sent over HAM radio waves now.

>> And most HAM radios have a better for power, to power them up.

>> Yes.

>> MICHAEL RICHARDSON: That's something I did not know.

>> It's the newer technology.

>> I have a question about this. That means the deaf or hard of hearing person has to have a HAM radio license and set up to be able to receive those messages?

>> Yes.

>> So more community education.

>> ARIELE BELO: Yes. Back there, please.

>> MICHAEL RICHARDSON: Go ahead.

>> In Renton, we have the exact same thing we have Renton emergency communications services. And we have about 60 HAM radios spread throughout the city. Internally we've mapped where they are in relation also to information points in the city which for us is the schools. So worse case, going back, back, back, we have places where we put up a piece of paper behind the glass billboard and say this is the emergency, this is what you need to know.

And we've kind of incorporated that planning also into, you know, if we don't have electricity, can we send the two nearest HAM radios to the location and does the public know these are your information centers which I am totally behind you on public information and education as well because we have the systems there. If we can get that between both of us and have people know where to go and also have us go to the right places.

So for older populations which is what I deal with, my idea is grocery stores, having HAM radios at grocery stores. This is worst-case scenario. Electricity is down. You have two people who have direct contact with the EOC and can say here's the emergency, here's what you can do, here's what we have as a city in relation to this particular business. We have Sam's Club. They always have their trucks coming in. They know the pathways. Can we have a relationship with them, have a HAM radio there?

>> What was the name of your organization?

>> RECS.

>> MICHAEL RICHARDSON: Go ahead.

>> I'm just exploring this scenario. This scenario has us homebound and in the able to drive and not able to get out anywhere. One important piece of education to our community, of course, is don't

overuse your cell phone when the power goes down and disaster is in there because I know the communication is the most important thing to all of us and what we will be doing is getting on our phones and texting all of our friends to find out what they are do and what they know and where they are getting and the phone will be dead before the resources start coming in that way. That's one piece of the education that has to happen, is don't -- we have the ice storm a couple years ago, I was playing games and I was bored. I thought if I play games, I will lose my communication not knowing when the power would come up.

>> MICHAEL RICHARDSON: There was a statement in the previous session about trying to make more readily available and cheaper -- those sort of battery packs that you can buy as backup to plug in your phone and recharge it again.

>> Yes. You can get crank phone chargers, yeah.

>> So when the power was out, you could still use a landline. I mean --

>> Not necessarily.

>> Well, you could -- you have to have one of the rotary phones or the push phones. I mean, that would be something really handy in your house. You can't have a plug phone, a digital phone. But you can still use a landline with a push button and a rotary. You don't have to rely on --

>> So many in the population are using video phones which uses the Internet and doesn't use a phone line that they don't have a landline.

>> Yeah, but in a disaster, you still can use a landline with a plug.

>> Actually, around the education piece, everyone should have a landline with a rotary phone. You can use one.

I also wanted to talk about, when we talk about barriers and disabilities, we also want to look at our culturally specific community. That's what I spoke about having a culturally linguistic ARIES team. We want to make sure those communities get the message as well, right? So our ARIES team work with the schools. Our culturally specific teams work with the schools so they can broadcast 12 different languages. And they will spend them to culturally specific radio stations, Latino radio stations, Asian radio stations to make sure the message goes out.

>> All the community doesn't speak English. How can we do that? I think all the conversations in the room is about just the community speaking English and don't have any barrier. Nobody talking about accepted disability, disability. Nobody talking about what about the other community, don't speak the language, don't know the culture, don't have anything. You just broadcast on the Internet.

What if they don't have the Internet? They don't speak English? They don't have time to sit down and listen what's going on.

It happened to me in 2007 when I was in Massachusetts. I was walking but there was a phone call for the school saying you have to pick up your children. I was watching -- in the morning, I checked the weather, there is no snow expectation at all at that time. I was dependent on the TV. There was no snow.

And the 11:00, there is a message from the school but I was on the walk. My phone was off. When I got to 12:00, my kids were on the bus. I was stuck at work. Everything was miserable. Because there's nobody tell me. Everybody knows just to run out, all the supervisors, everybody left before me. I was the one that was there. And a couple people like me. So nobody is talking about that.

We have to realize and face the reality. There's a community left over there.

>> MICHAEL RICHARDSON: Go ahead. I see you had your hand up.

>> And that is definitely important when you have people, again, sheltering in place. I know that the last time -- last couple of times we've had some serious snow problems in King County, there were some recent immigrants, folks who were not English speaking who were unaware that you should not use kerosene or propane or those sorts of heating inside. Their houses were closed up tight so that they could stay warm.

And then there was some tragic incidents where whole families died not realizing that this was a dangerous way to cook their food.

>> I do not want to dominate this conversation but I will be remiss with the work my department is doing with culturally specific communities. The reason why we came up with that linguistic team, those teams were formed by some of the culturally specific providers that we have. They speak Somali. We went through a regiment. We hired ARIES trainers. We even bought the radios for those social service centers, and the radios for the schools to make sure -- we may not get everyone but we concentrate on our migrant, immigrant population, sew ma'am Lee, Latino, Asian, eastern European population. There is 12 people that sit at the table that are educators that help us craft culturally specific messages so the message comes through. We look at literacy level. We look at cultural sensitivity and cultural appropriateness messages that we send and when we send our broad messages out through the EOC, these people -- we send them to the schools and those social service centers to make sure they can help us disseminate those messages to the communities we represent.

>> MICHAEL RICHARDSON: That's a good point you brought up and I will make sure we bring that up in our end-of-the-day reports. You got a point that could be very easy to be focused on the disability

issues and still remember -- still not remember that there are many people of different backgrounds and ethnicities who have disabilities who have English as a second language issue as well and think about how to get the message across not only in alternative formats but in appropriate formats as well.

>> I worked with a community in California that had six oil refineries and they wanted to make sure everyone was getting their message. What they actually did was set up caller ID messages for their reverse 911 so when they blew it out instead of saying emergency operations for the caller ID, it said shelter in place and it was a way to get the messages out regardless if you got the phone or didn't get the phone. When you looked at the missed calls, you got that message.

>> I would just kind of share in King County, one of the things that we did do --

>> ARIELE BELO: You have been raising your hand. We will get to you.

>> We worked with the Somali communities. They used their robo calls within the mosques and that coordinated to reach people who didn't have electricity to go to the mosque, to get shelter and food options.

I think our approach within King County, we don't have -- is more working through the trusted leaders and some of the mechanisms that they have in place to reach the community members. And so, again, not a perfect network, but I think it's one system layered upon others. But, really, understanding the systems that they're using day-to-day and leveraging those because that's what people know and that's their go-to information.

>> MICHAEL RICHARDSON: Did you have a comment?

>> And thank you for saying that, both of you, thank you for bringing up your comments. I think that's something hugely overlooked when we look at planning, is how we communicate with people who aren't predominantly English speaking.

My gut-check reaction -- sorry to offend anybody -- is that we do a lot of great planning around the Somali community and half of my staff is West African. They are the caregiver staff for people with developmental disabilities. So we have to cast this net a little bit more widely.

I think these are great starts. I don't mean to disparage that so I hope you didn't hear that.

These are great starts, but we have to continue to push that network out more widely. I think we also have to get more comfortable with some things we haven't typically done which is using people's social connections to communicate things.

I go to my staff and I say, "I need people to know --" this is

during the snow storm, I need people to know you can't do this. You can't do it here because you will die. Can you please go tell other people?

We use cultural evangelists to go out and talk to other people because you are more likely to accept a message that you hear from a friend than you are from some disembodied head that is on the TV or a message that's flashing on the Internet. So I think the more that we create those intentional ways of spreading information, the closer we are to getting our hands into those communities that we are still not getting our hands into.

>> ARIELE BELO: Right. Also, something else we need to think about is people with different disabilities who can't read or write. So we need to think of other ways to communicate. Such as pictures. Like in the last meeting, we talked about pictorial communication methods because many people don't have the literacy rate that we are talking about. So that type of communication is very effective or people use other means of communication with a variety of different ethnic communities.

Yes?

>> So I live on an island in a small community. But everybody knows that here now. (laughter).

So I don't know what the big-city practices are. But on the island, we have one active fire department. It is a combination of volunteer and career. And then we have four inactive stations. And so -- we need to do better communication, I believe, with this. But we're trying to communicate with the community, if there is an emergency at each station and there's going to be a HAM radio person and there's going to be an EOC person to help you with any communication. I think with this issue, it brings up the language and the hearing impaired. I appreciate talking about this. I will bring that back.

>> MICHAEL RICHARDSON: In your situation -- and I want this conversation to be where you can feel comfortable expressing your own personal concerns about what your agency may not be fully up to speed on.

We had a pretty good conversation in the last session about somebody, for example, was feeling a little bit lost because they didn't have the alternative formats for people with vision loss because it was partially budget issue and they didn't know where to turn to, to speak advice or guidance or even the support to put out stuff in large print or even Braille formats.

So are any feeling like you kind of not sure who to reach out to, to get information on how you can make all your communication formats fully accessible? Go ahead.

>> I was just going to say, in general, my reaction would be to

go onto the Internet to find the information that I need. And I think there's a lot of people my age and younger, that's going to be their default. So I don't know off the top of my head where to go. I don't necessarily have that information. A lot of what way have right now is electronic because there has been a big move to go from hard copies to electronic.

So it occurs to me -- I was trying to think back in my daily life the last time I saw a public safety announcement. I don't have cable. I don't watch TV. I want Netflix or HBO Go or on Facebook. I don't know that I could get that information without technology to pull that down in an emergency. I guess it would be good, from my perspective, to have a higher profile of the local organizations and what they're actively doing on a regular basis both in my personal life and in my organizational life.

>> MICHAEL RICHARDSON: That's a good point. I was thinking in the previous discussion, the department Of Services for the Blind probably has some wonderful expertise on alternative formats. But my question is do they have actual programs where they can help produce and disseminate those sort of emergency related products? I don't know. So I think it would be -- obviously makes sense to -- like you said, high-profile organizations such as the division of developmental disabilities who might have some ideas and resources for picture-type communication.

By the way, there are some of those things available on your disk -- not your disk, your thumb drive that you got this morning.

>> But I also mean just in general, just to see those organizations more often communicating, taking a more proactive stance as opposed to waiting for something to happen or rise to the level of importance in an organization that's already dealing with a number of client issues, budget issues, staffing issues, the day-to-day on-the-ground stuff. It is kind of out of sight, out of mind. Higher profile both directions.

>> MICHAEL RICHARDSON: Okay. Did I see a hand over there somewhere? Other thoughts? Somebody mentioned in the previous session, which give me a lot of thought, what we talked about -- you heard the example this morning with the keynote about police approaching the house that had the deaf couple in it and using sort of a visual cards about fire or whatever.

One guy suggested that the utility company should be sort of sending out those kinds of cards with formats to all residents through the mailing effort.

My initial thought is, is it going to be one of those situations where why do wasn't very to do that? Why can't the organizations be responsible? Who is responsible? If it is not me, it is them. Have you experienced any kind of sort of communication issues in that

area in which somebody is like, I'm not sure that's my area to do this. Kind of missing that sort of connection with who's doing what and now that you're doing that, I don't need to do that and whatnot.

>> I liked his quote of nobody and somebody and everybody.
(laughter).

I think that -- I think that fits the bill in many things that we do.

So let me just say this, our general theme is to do the most good for the most people. So from an emergency management standpoint, I have to make sure that the hospitals are taken care of. I have to make sure that schools full of children are taken care of. I have to make sure that roads are open and taken care of so that all these other things that need to happen for individuals can happen.

And so I just -- I don't know how to word this to sound like -- to not sound like I don't care about an individual group, whether it is a disability or a language or whatever, but we cannot reach out to all of them. That's just a reality. We can't. We physically can't.

And so what we do is try to partner with all the wonderful organizations, with CERT because neighbors can help neighbors.

I know my neighbor, a widow, bad hip. I just know her. I take care of her when her car is not there. I know that something is wrong.

So we just want to emphasize, not trying to release ourselves from the responsibility to reach out to all people, all groups but asking for a little bit of an understanding: What's the message that emergency management puts out during a big storm? Don't drive! Don't go on the roads. And, yet, we're telling everybody go on the roads and post office and utilities, go try and go check on everybody.

We don't want that because then that ties up all the roads and now when there is an emergency and we need to get to somebody's home, there's gridlock.

And so there's this conflict, if you will, of wanting everybody to do everything and, yet, I just feel so strongly -- help me, Mike. I feel so strongly, it really comes down to neighborhood helping neighborhood. I just can't emphasize that enough. We know who our neighbors are.

>> MICHAEL RICHARDSON: So it also sounds like whether there is a system in place already or not, sort of some kind of agreement with the disability community in the organizations and the flip side, the responders and the government agencies then prioritizing how do we provide effective communication in as many alternative formats as possible based on priority? How could we get the message that the buses are closed?

So it kind of goes down to a level of when you get to more individual stuff, the door-to-door stuff of specific families you know about.

Maybe that sort of needs guidance.

>> If I can add a closing statement of what I was just saying. Communications, there's two times that we communicate. Non-emergent event today, and that's where I should be reaching out to every population, every language, every group I possibly can during non-emergent times. And we do the best we can. We really, truly do.

Our city, we've hired a diverse community team. We've hired people to come in and go and liaison between us and different populations and so forth.

So non-emergency communication is one issue, and we should reach out as much as we can.

During an emergency that's -- communication is a whole different system. And that's where, you know, we talk about HAM. We talk about radios. We talk about neighbors. That's where we need the help of the whole community to stay as pocketed, if you will, as we can. Does that make sense?

>> MICHAEL RICHARDSON: Go ahead.

>> I think the key comes back to something also Richard said during the opening, is the redundancy of information. As many times and places as it can be put out there, there is more opportunity for somebody to get it. So we don't want to feel like it's going out one way and if you missed it, you missed it because there are so many ways that people with language barriers, with English problem -- is a different situation. I'm not going to try to compare the two. But people with hearing, deaf and hard of hearing people can get information from each other if somebody knows where to get it.

What I'm getting at is the education of where is that redundancy happening? I prepared a workshop for a Hearing Loss Association of Seattle last fall. I'm in Pierce County, so I was trying to find all the ways that King County notifies their citizens of what's going on.

It was all over the place. I couldn't find it. There's not one place that says here's the Twitter account, here's the Facebook account. Here's the whatever account. Here's the ARPIN account. We had floods. There were so many places. I'm not sure that I gave that group all of the information that's available.

So I think with the redundancy, consolidating the information that's easy to find ahead of time, preparedness is a big key to make sure everybody is getting information.

>> ARIELE BELO: Yes, over here.

>> Yes. I think this room we are county, state and organizations. In King County, we just start helping the people who have developmental disabilities. We do education. We do everything we can. And we have, as you say, we have a community. We have teams.

We have all those things.

But what I mean is, as individuals, we just are helping what is our area. What is our area? If we can think about farther and say, okay, what is the state can do? What can the first responders do for us?

Like, for example, we are just a big organization but we are still one organization, right? So if -- as everybody is saying, okay, we can be a partner. We can be a da, ta, da. That's something the people are saying but they are not doing exactly.

Besides that, I'm not also talking about language. Language also comes from developmental disabilities. Because if you are not getting anything, you are in some way disabled.

What I mean is, yes, we need -- I think if we can have, like, advocates before something happens. If you just take care that exact day the emergency happened, what to be aware in some workshop ahead of time so the community knows if something happened, what they can do, how they can find, where they can get help, how they can team.

As Arc, we say, please identify some place. If something happened, just find out -- we can all meet at McDonald's. So if everything is shut down, everybody has to think about how I can get my family, everybody have to go to the McDonald's. Everybody can go to church, to the mosque, something like that.

More than that, we need something beyond that so all the people can have one expectation, including the language they need, assistance they need, medication they need, everything. I think that's better if we can think about it beyond that. Way are just thinking right now.

>> MICHAEL RICHARDSON: Thank you.

>> ARIELE BELO: Over here?

>> MICHAEL RICHARDSON: Go ahead.

>> It occurs to me that the keynote speaker was talking about how good luck finding him at home. It is great that he registered but good luck finding him at home. So some of the communication from all areas both from the agency side and the emergency preparedness, it would be great how to communicate within diverse cultures, disability, different cultures, different languages because if I have somebody who -- one of my clients is working at an employer, their support staff may not always be there.

How is that employer going to know what to do in an emergency or where the resources are? And we've done some of that work. That's our due diligence to make sure those employers have that information. But, again, I really think that communication needs to be happening on an ongoing basis, long before disaster ever strikes, so making sure that the entire community, not just the agencies and the emergency preparedness folks are aware of different people having

different needs in general.

>> MICHAEL RICHARDSON: Good point. It goes back to what you were saying earlier, one happened during disaster and continuing preparation and ongoing communication, the ongoing, continuous preparation and dissemination, do you folks on sort of the government agencies and the responders feel confident that your methods are accessible. For example, are your Web sites -- do you know if they're fully accessible? And if not, do you feel a little bit lost -- at a loss where you can get the expertise to come in and help you figure that out and fix it? Or do you have any parts of the communication where I'm not sure who I should call?

>> In our public education strategy here, both in King County and through the urban areas, securities initiative, we work very hard and hire marketing consultants to help us prepare, translate and communicate messaging that's as accessible to as many people groups as we can identify.

We have those available on the Web. Obviously if you can't get to the Web, you can't do that.

But then you don't go to the Web in a disaster. What we're trying to advocate for is personal responsibility, personal preparedness.

I'm preaching to the choir here. Obviously you are here because you are invested in that.

My message to everyone here -- you talked about evangelizing. We have to take the message back to our networks and webs of relationships and encourage them to prepare in advance so that it reduces the numbers of people that are in crisis when the emergency actually comes.

But we are investing a lot of time and energy and trying to prepare our messaging, our public ed messages in as many language groups as we can, to have as many face-to-face meetings with various ethnic groups, faith-based organizations and those networks to get back into the ethnic populations and the non-English-speaking populations as we can.

But, you know, obviously folks fall through the gaps on that. There is a sense that they will come and take care of us. But we need to communicate that it's my responsibility to take care of my family and our needs and do what I can to prepare. So there's a mutual effort, I think, that both is going on and needs to be emphasized.

>> MICHAEL RICHARDSON: But you do come across groups with significant developmental disabilities, for example, may not be able to grasp the concept of my responsibility and stuff like that.

Now, just a reminder, we have about two or three minutes.

>> ARIELE BELO: Three minutes.

>> MICHAEL RICHARDSON: Two or three minutes before we break for lunch. Any last one or two comments? Yes, go ahead.

>> So in the work I've been able to do and see, a lot of local commune organizations will do the interpretation, the signage when it is being in an impromptu shelter. Everywhere I went, the photographs, hand written notes, taped to the wall, here's the message. I think it does happen at the local level from my experience because it comes out of necessity. So, you know, the more formal shelters will with the printed messaging.

The impromptu ones, the ones people go to that's a natural gathering point that appears out of a disaster, they are in every neighborhood whether it is a church or community organizations or there's a natural gathering place, it organically happens. In those places, things do get translated. Things do -- those services are provided.

The biggest problem is they lack situational awareness outside of their neighborhood. They know what's going on but there's no way for them to communicate outward back up to OEM what the communication thing is. They don't have HAM radios. When the event happens, you just don't have all those resources.

Seattle's doing a great job with their hubs program. The SNAP program, the Seattle actively prepared program. One of the things I found in my own experience in trying to bring this back is in the school systems in general, the school systems are not prepared to be able to handle the influx of people that are going to be coming. The parents -- the number one place parents will go is school. That's their first stop. If anyone wants to argue with me, become a parent. And the first place you will go to is your kids.

But our school systems aren't set up to be able to handle that. In fact, they want to be able to -- what they are setting up is, you know, hey, come get your child. They are going to release your child. There is that next phase after that that doesn't exist that I have seen in a coherent manner to be able to get people to their resources, whether it be a shelter or that because half those people will go to the school and then from there they will go to their home. Their home may exist or may not exist. From there, it is where do we go?

That's where I want to say that the PTA organizations, if you can interact with them, really -- you have a very diverse set of individuals in your community, background checks. And then you can give situational awareness. If there is specific places where you can get that back out from the OEM perspective, you have situational awareness. You have a better idea what's going on than other places. And you guys want to know what information you want, so it would be great if you guys could get those photographs of this neighborhood. It is a blanket. The cell towers are down. The communication is down. The power's out. How are you getting that situational awareness back?

In Seattle, HAM radio. Words only -- as we know, words only present a certain picture. An actual picture presents a thousand words. It is really true. So you can get that and how do you bring that into social media and those things.

Anyway... the communications, it is not just person-to-person communications. But it is also the virtual communications which is really important to be able to get communications infrastructure back up and running. If someone has a network that they can connect into, whether it be WiFi or cellular networks which are very many incapacitated, they can get -- they can ask for help. And I think -- after disaster, text messaging is the one system that can work and most reliably will work as best it can.

I think we identified some kind of key issues in points for this session. We will break for lunch. I believe they will be opening these doors up, I believe.

>> ARIELE BELO: I believe there's a 10-minute transition break and then lunch.

>> MICHAEL RICHARDSON: It says lunch at 12:10. You are free to go. Thank you. I would encourage you -- you maybe figured out who is a possible connection to network with. I would encourage you to exchange cards, carry on a conversation during lunch and thank you for your participation.

>> ARIELE BELO: Also, if you're interested in the signage that people were referring to, in your registration flash drives, there are FEMA signs that are in that flash drive. So you will have access to that.

>> MICHAEL RICHARDSON: Thank you.
(applause)

** PREPAREDNESS **

>> This is the first time with our group. Is this representative of everybody?

>> not yet.

>> DAVID SHANNON: In the interest of time, we're going to get started up. My name is David Shannon. I work with the American Red Cross in our preparedness programs section. I'm excited to be here with you today to be talking about preparedness.

>> Will you be going up front?

>> DAVID SHANNON: I will. I was actually going to sit down at the table once I get started.

Thank you for the reminder.

I work with preparedness programs at Red Cross. In this next conversation, we're going to be focusing on preparedness so put on your preparedness lens and we're really excited to hear how preparedness plays out either for individuals or as an agency in the scope of the scenario that's been put out there.

So I have been tag teaming the facilitation with my colleague Deb Cook. I will have her do her own introduction, and I'm looking forward to getting the conversation started.

Deb?

>> DEB COOK: So I work with the center on technology and disability studies at the University of Washington. And I manage the older blind independent living program, we is predominantly people who are on their own in the community. They don't have a lot of community support necessarily. They're not very connected to us even. So I have been thinking a lot about this preparedness thing as we have been going through. I also work with the assistive technology program which does some activities around technology we use and could be an integral player in a big emergency. And I know our programs were very helpful when the Katrina disaster occurred, for example. That's my background. You all have been together all day.

You probably have given some thought to this already as you are working through other discussions because I think preparedness is part of every discussion really to make things happen.

But we're going to talk about it specifically here. And we kind of would like for you to talk about it in sort of a couple of ways. One of the ways we've been talking is about what videos can do and should be doing over and above what we would like all people to do, what kinds of things do we find that are gaps in the individual preparedness for people with disabilities, what information have they typically lacked. What information has not necessarily been available or resources. And we've had quite a bit of different stuff that's come from the other groups about that.

And so I know you will too.

And then we also talked about that from the standpoint of organizations, not only what resources are available in helping people prepare but also what things we might need better collaboration on to be prepared to meet the unique needs of individuals including the individuals with disabilities who might be coming to us during any kind of a disaster.

And we're talking about our particular disaster of snow here. We

try to keep the rooms really cold so you can all -- (laughter). We didn't want you to get hot and think we were in global warming or something. That would be kind of confusing. So we try to make it a full-sensory experience.

(laughter).

And so as we are thinking about that, we can think about also what people experience or how we would actually help people in a particular disaster where a lot of our systems have shut down and what might we do.

So the first thing we've been kind of doing with our groups a little bit is to talk about what resources we know we do have and where we think the gaps are in those resources as it relates to people who have disabilities.

>> Can I interrupt for a minute, Debbie? We have a microphone in here. Since you have been in the room, is the microphone being handed around or is it needed at all? Okay. That's all I need to know. I am not going to worry about it anymore. Okay.

>> One of the issues that was raised this morning was that in terms of individual preparedness, the reality is that a very large percentage -- or larger than average percentage of folks with disabilities are lower income. And so it's a lot tougher for them to pull together the resources to have a disaster kit or have X amount of days' worth of food and that sort of thing.

And so what are the ways they can be assisted with getting that geared together -- what are the ways?

>> DAVID SHANNON: Does anyone have any ideas about that particular comment?

>> And to follow up with that -- (laughter) -- I don't know who it is -- I think it is FEMA but it might be one of the local -- it might even be Red Cross. I'm not sure. Has the "do a little bit every month" thing. Start with a few things that are really simple. And so the idea is, for example, every time you go to the grocery store, by an extra can of soup or buy an extra bag of rice or something like that. And then set it aside. Have a box anyways.

And it might seem really simplistic but over time it does add up. And so you don't have to expend all that money all at once. That's one of the number one things that I came across. I was a Red Cross volunteer for 22 years and I did first aid and disaster preparedness and I often got sent out to talk to disability groups. And that was the number one thing that I heard from folks was, well, how do we afford this? That's fine if you have -- if you have your income is \$75,000 a year. But mine is 16,000. So what do I do?

So we were saying, this is incremental, small at a time.

>> DEB COOK: And probably discussion about things that will keep, that will not perish because one of the other problems I saw when

I was doing this with people, this he did get the supply built up and then the supply died and they didn't replace it or they had problems with kind of keeping the cycle going. So helping people get on a calendar or cycle for that is a challenge.

>> DAVID SHANNON: Comment over here.

>> Remind people that when they go to the food bank and they get their canned foods to save one can of food from the food bank in the box for their emergency kit, just one can. And they will say, I need that can. Well, you need that emergency kit. So one can out of your food bank stuff is not going to hurt your budget for your emergency kit.

>> I was going to say the other thing is rotating. Rotate it out so your kit is always refreshed.

>> And make sure you have water in your emergency kit.

>> And one of the things I found with water is that we all have -- typically speaking we have hot water tanks and in a natural disaster, you can tap into that in order to have drinking water. That's usually about 40 gallons or more.

>> Lots of people don't know how to do that.

>> And the sediment that sets in your water tank to do that, you have to make sure you flush -- although it is 40 to 60 gallons, there's sediment that sits in there. You have to make sure, it is just running it off every now and then.

>> DAVID SHANNON: We had a comment in the back row before we come to you.

>> AMAL GABRINSKI: So in case people haven't seen it, the Red Cross does put out some teaching materials that give you how to plan for -- across a year, across your grocery trips for a year, how you can set aside enough reserve to build up your own food emergency kit. And they also do it with food, with Band-Aids, alcohol swabs. It is on their Web site. We handed to out to make sure people knew how to do it, they were supported if they were very, very low income. People needed to plan. That's one thing.

The second thing, we've had to really focus on with preparedness, it is great to say set aside a can of food or two cans of food or whatever. If you don't have a can opener, you are kind of screwed. That sounds really silly, but you would not -- you wouldn't imagine how many people forget those basics.

And people do need to think about how are they going to cook those foods. So if your stove isn't working, what do you do that? Because a can of soup is great. If you can't open it or heat it up, it is not really hoping you all that much.

Part of the planning has to include really thinking outside all the other ways you can access food, needles and medications and everything else.

>> This is bringing to my mind the need of repeat education. I do education for deaf and hard of hearing community. And the last time they got a workshop for me was two years ago. If we want people to remember to be building the kit, to be adding things to it, to bring what we need to be able to touch our education component to our clients more frequently to remind them, they will come in. They will get really excited. They will have the list. They will go grocery shopping that day, buy a couple of cans of soup and then two years later, they have two cans of soup sitting there.

>> Yeah.

>> Yeah.

>> Yeah.

>> And the fact that information changes constantly. The technology is changing constantly and the way that information is going out changes constantly. We need to -- I've seen too many in both California and Washington where I worked in emergency preparedness for this, where we do one shop. That's it. And we're gone. And then as responders, emergency managers, we hope they'll be ready when something happens five or ten years from now.

>> DAVID SHANNON: I like what you said about the repeat connections for people. But, it also comes down to an individual's hearing that and a individual's responsibility as a citizen to take on to be empowered, to know what to do be to be prepared.

In terms of the accessibility piece of that I have found, and I try to talk about, it is a series of small little practices that we do that are kind of on a continual basis. Preparedness is a series of practices that maintain, so to speak, our level of preparedness. And putting food and water aside is really just a start in a lot of ways. It is the easiest part because we can kind of control that part. It is some of these other parts of the preparedness plan which can be more challenging. And they all pose various challenges, especially if you have someone who's disabled in a way and then layered on top of that, you know, having challenges with -- economic challenges. You can see some of that.

>> I just want to make sure that we stay focused and not get too far into the weeds.

We don't really need to talk here today about how to store water or food or ways of storing it. We need to talk about how to convince -- or not convince, how to work with our different populations to assist them to do that. We'll teach that stuff there.

In this workshop, I think the issue is how do we -- there really isn't anything different. I don't care if you are disabled or no disability or challenges, you still need to prepare. You still need to have all those things. The conversation here is are we reaching out?

One of the things that our host here was just saying in the beginning was that with some of the -- I think it was the sight group that you work with, they are not even connected with your group.

>> DEB COOK: Right.

>> Well, that says a couple things to me as emergency manager. One, am I doing everything I can to reach out to them during non-emergency times? But, two, do they need me? Certainly some do. Like, we were talking about earlier, there is certainly a group that does. But if they're not coming to the meetings and they're not participating in forums that we present. Maybe they don't need you because they have a network, a system of their own. We need to make sure that we provide forums and opportunities for them to come and be taught the in-the-weeds stuff.

But how do we -- is it a weakness on our part when the people don't come to the things that we're doing? And that's -- for me, as emergency manager, that's my biggest -- I have been kind of vocal in this thing, but is my biggest concern as emergency manager for a large city. I have 150,000 people here today. Am I not reaching out to them, or are they not coming to what we're doing? That is a big question that I don't know that we have an answer to.

>> I have an answer for you.

>> Yes, sir. (chuckles).

>> Because we want them to come to us. The way you engage a community and you get your message out, you go to them. We try to put on presentations and invite them on our terms. We can go to their turf.

When they do their community health fairs -- again, they do social services for us. We ask them, can we put preparedness piece in your community health fair? We go to them. Again, I told you, they promote. We present.

So we don't create this new thing, this new idea, this new agenda. When they have events in their community all the time, we go out to them and say, listen, we're trying to do outreach in your community. We want to engage your community.

This is what we want to do. We want to do a workshop, a tabletop, a HRS preparedness work fair, we can go to them. We always ask people to come to the county. The reason why the county and the city build services on bus malls and places people have access to is because of the limited access they have. You don't always need them to come to you. You need to go to them and present their information to them in their community. Teach their people how to present information. The more people you get trained in their community, it is a force multiplied. They train people in their community. Trainings are done in people in that community that look like them, that resonate with them. That's an added value for us and me.

>> DAVID SHANNON: There was a comment over here.

>> I'm racking my brain. There is a great organization in Seattle that can act as a cultural competency and leadership group that is happy to go out and talk to different organizations about how to interact. I think you started to see the bigger picture outside of disability. Disability is a small subset of many different cultures. And the work you are doing with disability is going to umbrella out from there.

I can remember the name of the organization -- I will try to find it. Amal is looking it up.

At Provail, we do a lot of staff training, back to Red Cross and other organizations with in emergency preparedness, any resources that you have that you can pass down to us that are in different formats -- because I'm working on limited time and limited budget to develop training for my staff that's going to be effective and communicate in a lot of different ways. Someone might be an audio learner. Someone might be a visual learner. I don't have the time or the resources to sit down and do that.

Any place where the Red Cross or someone else can come in and provide that for us is going to be fantastic. If the staff aren't prepared, at least in their direct service work, their clients aren't going to be okay because the clients are dependent on those direct-to-care staff.

I have another point. But I can't remember what it was.

>> DAVID SHANNON: We can help in terms of the staff preparedness. I work at the program at Red Cross. I have a dedicated person. That's what that person does, goes out, talks with staff, how to be prepared. A linchpin of that obviously is personal preparedness. There is a whole staff preparedness piece to that as well.

No cost. It is all donor funded.

>> That would be excellent. The other piece I was forgetting was, again, we're working within a restricted budget. And how can -- are there resources out there for organizations in how to make the case that preparedness needs to be a part of the bigger plan? It needs to be a part of the budget. Where technology is involved, where people are involved, where facilities are involved, how can we make the case to everybody in the organization whether it is the board or the executive director or managers of the department, this needs to be something that you factor in for the continuation of the organization, to continue our mission later on. Any resources there would also be greatly appreciated. Sometimes we feel like we are shouting into the wind.

>> DAVID SHANNON: I think -- Jillian, did you have a comment?

>> Just what was said before, I'm outreach for our city. That's what I do. I spend a lot of my time looking on-sites, looking for

new business that is have come into the area. I come to my position from a marketing background. So I literally will pick up the phone and cold call and say, hey, welcome to the area. I'm part of the emergency management. My job is to ask you what do you need us to do so you can continue working through some sort of disaster. And that's if it's an organization, something like that.

But, otherwise, church groups, I show up and talk to them and you can go out there and put yourself out which at first is uncomfortable. But, you know, a smile and a wave and a hi gets you a long way.

That's literally what it is. We have REACH in Renton which is an acronym for something. But it is 26 churches who have all gotten together and they feed our homeless population every single meal. That's what they do. Instead of coming in and saying let me rebuild this for you, I say can I inject emergency management? What can I do to keep you working? And just pitching it to them and from a marketing point of view, right, this is a business, how am I going to pitch it to you and how am I going to tailor it to you if you don't speak my language? How can we work to put you together with people who get it? But taking that step and saying I'm open to the community.

Do you guy versus an outreach person?

>> Mm-hmm. We've hired three in the city.

>> That's literally what they do. I go out and say, hey, I'm here. So it is much more -- I say it is actively marketing. We have the materials and resources online. We have all the maps and everything on our Web site. But before emergency management, I never would have thought to go online and find out where the landslide areas in my area are. But those resources are as emergency management who put them there. Never done this active outreach before.

>> DAVID SHANNON: I feel what you are saying because I have done events with -- I will just use this example, with the hard of hearing and deaf community where I've planned with someone from that community. Literally just the marketing part of that, to get the word out about this really cool -- this big collaborative process. It was still challenging to get people to show up. I just want to say I get that piece of that because probably at the end of the day, you know, we -- school, family, trying to make ends meet, it is not always rising to the top of the to-do list in terms of this preparedness piece. I think in the back of the mind, a lot of people are, like, we know we have to do this but do I go walk around Green Lake on this beautiful day or am I going to go to an event somewhere? We're faced with some of that. I just want to say I get that piece of it. I really liked your response to that. You were talking about it being the proactive marketing piece of finding those connections. I think it takes a little bit from both sides really, community-based

organizations, letting organizations that can assist with doing preparedness, know about events and vice versa so we can be collaborative in this process. That's a big reason why we are here today. So I'm excited to hear all these pieces.

>> I was going to say please partner with your PTAs. They are separate from the schools. I keep coming back to this because they are -- you have a very diverse set of individuals in your neighborhoods. And they live in general geographic location to their school. But they do know their neighbors. Once you get that message out, that message will go further. They are integrating with their churches. It is a good place. And they have -- they are required to have everything meetings, at least two general membership meetings every year. And everyone -- and they can work that within your school district, work with the regional PTA office.

And they -- you know, parents are -- they want to make sure their kids are okay.

>> DAVID SHANNON: It is a big motivator, knowing your kids are okay.

>> Making sure they are okay and also making sure that our schools are prepared. You know, from my experience, not all of our schools are prepared to be able to handle not just the pickup effort after the disaster happens but they are stranded there. And being able to -- the schools -- it is a wonderful opportunity because the first place people are going to come to is their children. And then they're going to figure out where to go from there. If the resources are with the PTA and not inside the school -- the school has enough going on they can't handle the general population. If there are members in the PTA that know where your food shelters are at, where there is communication infrastructure so you can let people know that you are okay, whether it be cell phones or landlines or that. If those resources are there and they know where to go to, that's going to be their next stop in being able to make sure that they are on the path to recovery right out of the gate. And schools have refrigerators for medicines. They have somewhat of a cafeteria. They don't -- they want to make sure that you want to be planned not necessarily for the school to be a shelter because you want to make sure the kids have a place to go so the community rebuilding can happen sooner rather than later. But that is a central thing.

And you have a larger volunteer population that are highly motivated. A lot of people have done criminal background checks to work in the school. And they have a set of diverse backgrounds and experiences they can volunteer in any number of ways. If we can inspire them to create homebound programs where they can go off and reach out to their communities and make sure that their neighbors are okay, it is a great way to be able to start creating and managing

those home-bound programs to make sure those people have food and supplies and going out.

>> DEB COOK: So we have about 15 minutes. One of the things I would like us to shift focus a little bit -- we've talked a lot about personal preparedness which is great because I think that's really one of the baseline things.

What might we do -- flipping it the other way, what do we need to do to support agencies and organizations in their preparedness to respond to the needs that will, in fact, come up even if people aren't prepared? How can we mobilize it together as a community to support it?

>> In the keynote speaker's presentation, he talked about durable medical equipment.

>> DEB COOK: Yes.

>> And I saw walkers and canes and wheelchairs and toilet supports. Those are things I don't know that our government jurisdictions are stockpiling.

>> DEB COOK: We do have a reuse network in our state that's actually managed in my office. Yeah.

>> Perfect.

>> DEB COOK: And it is not perfect yet. It is actually still just getting underway and getting going. But we saw that the different assistive technology programs across the country, you didn't have to limit this to the resources in your own state. If you don't have a total national disaster and there are other states -- we were able to bring materials from all across the country in to support that need when Katrina occurred.

Now, the problem is not so much -- well, certainly there could be problems of getting the stuff. That's obviously potentially a problem.

Part of it is getting it appropriately matched to people so that you're not doing people harm by providing them bad stuff.

And then the other problem is having people just know that we have it but we actually -- we actually have a reuse network that goes across the state where there are -- in a number of communities and in an increasing number of communities what we call reuse closets which sometimes are just closets but sometimes there are whole facilities where people have technology. And it's pretty much durable medical. So when there's other needs, we don't do so well with it.

I think part of the issue is, of course, figuring out where it is, figuring out how to get it, where it needs to be. And there's always that logistic. But at least the first piece of that, which is identifying the resources, we are starting to do that.

>> DAVID SHANNON: In the back.

>> Somewhat along those lines, not so much durable medical but in a scenario like the one that was set out, things like catheters or adult diapers or those disposable medical things as well as medications. A lot of our folks are on Medicare and Medicaid, so they have the limited income. But it is also very much regulated. You literally have a number of gloves that we can use for direct care that is limited. And so if our staff uses a few more gloves maybe because somebody ate something that disagreed with their stomach, the organization dips into our pockets to pay for those extra gloves.

Along those lines, it would be nice to have someone -- I don't think it is at the organizational level but maybe the organizations can join in, to advocate for some sort of hatch or storage of those medications that we may run out of it. The medical equipment that we may need that is disposable so we know that the state has those resources or the county has those resources that we can rely on. That's not something as a non-profit at least our organization can't keep those kinds of supplies on hand. We've sure we have three months of three medications sitting in the back, we can't.

>> When a federal disaster is declared, Medicare will provide 30 days' of free medication to anyone who needs it through the hatch program.

>> I guess I would need more information about that to know where it's coming from and who my contact is. And in a disaster, I don't necessarily have the Internet. I may not have power. I may not have my phone.

So, again, maybe that's more of that early communication bit and making sure the information is out there and a lot of it works. Good to know.

>> After Hurricane Sandy, the biggest cap I saw was in the healthcare infrastructure and being able to get the basic things they were talking about, nebulizers, vaccinations because you are out stepping on things, tetanus -- I have a whole list of what those are. The impromptu organizations didn't have access to it.

What I would implore is that each public health create a pathway that community organizations can come to after disaster and register themselves with and register the doctors that will be facilitating that or the nurses that will be facilitating that. People are going to go to those places. They are going to go to where they can go. Those places become medical -- part of the medical infrastructure.

But there is the PASS program which does program 30 days of medication for anyone who needs it. And that's a federal thing. It is set up at all the pharmacies already.

>> DAVID SHANNON: Is that something you Google that Web site?

>> It is through assistant secretary preparedness and response, Health and Human Services is the one that runs that program.

>> You want to slow that down?

>> PAPS. You can Google it. It's invoked once the Stafford act is invoked. You don't have to be on Medicare.

>> Could the consumer in the hypothetical, could the consumer go to the pharmacy where they normally get their prescriptions and make that happen themselves?

>> Yes.

>> We could give them that level of training, for example?

>> Yes.

>> I was going to get down in the weeds on that and ask what kind of documentation do you need?

>> An active prescription. The pharmacy -- the pharmaceutical infrastructure is already set up to back bill the government and get reimbursements. It is actually really easy. But it has to be a federal disaster.

>> That's good to know.

>> DEB COOK: Other thoughts?

>> I actually had an answer when you were looking for resources. We have things are in homeland security, FEMA, called whole community. Most of that money goes to government entities. Now it is open to everyone. If you are looking on FEMA, whole communities, they know CGOs and NGOs are helping us with response efforts. That money is competitive to everyone now. It used to be just government.

>> Basically it is scrap money from each of the government agencies for that. Don't forget -- it is not just FEMA that has disaster money, but it's --

>> Administration on aging has a little bit. It is available to states or tribes for recovery. Again, it has to be a national -- presidential --

>> There is many different pieces of health and human services that offer that. FEMA offers it. Department of Transportation offers it. Most government agencies have that money set I side for both community and faith-based organizations to be able to go.

>> I don't know if government agencies has money because we don't have money like that in our budget. It is a federal --

>> Sorry, it is federal. It is federal. Federal agencies.

>> AMAL GABRINSKI: What continues to occur to me as an issue is that there's a relatively clear -- not seamless, but a relatively clear pathway for what happens when you have a nationally declared or federally declared emergency.

There are some pretty clear systems that are going to come into play and access to some for funding streams than exist on a typical day.

If we think back on the scenario that we're talking about today which is a snowstorm, a four-day event, it is not a catastrophe in

the sense I will be able to go to the pharmacy and get an extra supply of medication. But I'm going to experience some trauma if I am a person who is in need.

So for me, the idea of preparedness and the devil being in the details, part of it is we have to really work on how we educate both individuals that we're supporting and support staff on what a disaster actually is. Because if our minds go to a disaster is Katrina -- and that absolutely was a disaster. Don't get me wrong. It was.

But if we think that's what it is, it is really easy to become complacent and say, we are not in that zone. So don't worry about it.

Here in Seattle, Massachusetts, four days of snow can be a disaster. We need to make sure people are educated on what all ends disaster looks like.

I'm thinking of my clients that are multiply disabled and have very low communication, for them the snowstorm that knocks out power overnight is a disaster. For me, it is not. For them, it absolutely is. Every piece emergency planning has to occur for them around that one event. It is interesting that we have to think about our frame of reference.

>> DAVID SHANNON: This sets us for the remainder of our time. So for your role that you play, your agency -- we have five minutes. In this reprieve of we just had storm, 20 inches, power's out, icing up, another storm coming in. We're in that little window of catching our breath, so to speak, what do you do as your role and your agency to plan for that next wave coming through. What -- I'm just putting that out there as a general question if anyone would be willing to kind of share what would your agency be thinking about, what would your role be in that? To get that conversation going so the agency side of how do you be preparing.

For this particular disaster, this scenario that's presented, how do you prepare?

>> One thing I'm looking at -- I work with 24-hour care facilities, we went from four days of normalcy -- of extreme temperatures and I'm trying to get my program centers to understand there will be a time when we taper off normal, what we are needing, to when we will start going down consolidation and rationing. Knowing we are going to whatever meals per day to peanut butter and jelly sandwiches. At what point do we start doing these things? We break from the normalcy of deliveries and supplies to extreme measures in situations.

>> I think some of the good news is that having four days of snow and disaster for some, as you were mentioning, we're going to know what was in place and what wasn't.

So there might be another storm coming, and you're going to figure

out real quick what worked, what you should have rationed and what you shouldn't have and what didn't work and what's still not going to work.

So I think in the pause of catching a breath, I know that working for a very large mental health agency that has plans in place, I think there will be a hopefully moment of reassessment of, okay, what of our big beautiful plans that were bright and shiny packaged up really nicely were crap and didn't work.

But then what did work? And where can we go from now? Because we've got a window of opportunity here. And, you know, the snow that started is kind of ebbing off and so what roads are clear, what paths are open. Can we use them going forward? I think it is easy to get stuck in the whole disaster and then compile disaster and forget that in the interim, sometimes things do work and grabbing on to those things and moving forward with those.

>> What works well, what does not work well, what MOUs do we need in place, what IGAs do we need in place, how do we start warming up with our EOC when we have really -- communication, who do we need to touch, do they need services. How do we prioritize who we service? We are proactive, not reactive. When we talk about communication and talk about all these things, somebody said we need to be educating people all the time, not just doing disasters, all the time taking the appropriate steps to be proactive in what we do in our world but include preparedness because anyone that receives services from us of all, and we service them everyday in a normal day, what do you think they're going to need from us during an exceptional day? We always are being proactive to make sure we are looking at not in a negative way, a bad way coming and how we handle that.

>> If I could maybe throw a closing statement to this, I think -- I think a great question was asked here is: What is an emergency? I think that is another key point to this. In my home, an emergency is not the same as my neighbor.

>> DEB COOK: Right.

>> But I manage what I can up to the point that I can't manage it anymore and then I call for help. My kids or whatever.

It works the same in government, but I think there's an important point here with government. The people need to understand that our local jurisdiction can proclaim an emergency in the City of Tukwila. And that gives our mayor certain authorities to do -- to not have to go through the bid process, et cetera. It gives our fire chief and me certain powers and authority to do things in a certain way.

But when we're overwhelmed and we can't manage it within the city, we call King County. King County in order for them to proclaim a because Tukwila is having a tough time, they have to reach a threshold, a dollar value threshold. And so -- it is 1.6 million

or something of damage. And so we're all scrambling, all the cities, Kent, Auburn, we are scrambling to get damage assessment so that King County can say, hey, we're proclaiming an emergency. And then they go to the state.

And this is all part of the Stafford Act, right? And then the state, the governor can proclaim an emergency within the state. Once the state reaches a dollar value threshold -- and it is all preset. An emergency to us is not your emergency, it is the hole we have to look at and try to put that package together so we can enact these legal things that allow us to do things differently and can bring those resources in.

There is all kinds of caches of equipment and supplies and FEMA has tons of things that are available to us. But until the President declares a state of emergency, we don't have access to those. FEMA cannot come into Tukwila without the state inviting them.

>> DAVID SHANNON: The home rule.

>> It is that home rule thing. Understanding that what is an emergency is really key to this with all the different communities of understanding, our hands are kind of tied because of that home rule thing. We can only do so much until we reach these thresholds.

It goes back to the personal preparedness issue. Prepare ourselves individually and in our neighborhoods, in our communities so that we can take care of ourselves until we reach these thresholds and enact the Stafford Act type of opportunities.

>> DAVID SHANNON: That's interesting to hear the dollar values and what triggers that.

>> AMAL GABRINSKI: To take it to the microlevel from the macro -- it is great context to know because I think knowing how a state of emergency is declared, I think that's something that most of us don't know or don't think about.

I want to think about education, again, briefly. One of the best exercises that we've done as an agency -- and we've done it multiple times -- we do it all the friggin' time to tell you the truth -- is we run people through drills. We run people through storm drills. Through earthquake drills. We do a required drill every month and we do drills just because we feel like it.

What we always make sure to do is go directly to the staff that are working and to the consumers are services and run the drill with them and have them reflect back on their experience and what they need because me sitting in my office telling everybody what to do from my position really doesn't mean a whole pile of crap at the end of the day.

What matters is that one staff person that's working with that one customer and knowing their needs and what an emergency is to them and what they need for that next time that it's going to be happen.

I agree with you completely, that three-day reprieve in the middle will make all the difference. How will I get everything together when it happens again? And the second round will be better.

>> DEB COOK: So on that note, I think we are about out of time in this group. And thank you all for getting prepared.

>> DAVID SHANNON: There's a lot of work to be done. So hopefully the comments people have made and suggestions and ideas, take advantage of this opportunity if you see a resource that's in this room by the end of the day, go talk to that person. Make some connections. We are helping bridge those gaps and where the needs are and where the resources are.

Thanks, everybody.

>> Thank you. (applause).

(Break)

** SHELTER **

>> DEBORAH WITMER: My name is Deborah, and I'm here to help facilitate a conversation around sheltering. I feel like we are all spread out. I will sail if you don't want to move in. However, this is the last one of the day and I don't know about you but it really has been a set of really exciting conversations. And shelter is my passion, so I'm hoping we will have a passionate conversation about shelter. I want to have the stage about this conversation by talking -- making sure we talk about two different kinds of sheltering and I would like to frame what those things are so we are all on the same page. Today we're going to talk about sheltering in place. Sheltering in place for our purposes means sheltering wherever you are when the event happens. That may be at home, but it may be in your school or your place of business. It might be in a mall. It be in your car on a freeway. Sheltering in place is sheltering where you are in that situation. The majority of us especially for an event like this for where four day it is has been showing we hope we are all heading home hopefully. And then there is an alternative of sheltering in a shelter that has been stood up. A warming shelter which is a little bit less intense, not open as much, not as many services. The Red Cross, when invited in, can provide sheltering. The Red Cross doesn't swoop down and open shelters. They have to be invited in.

And then what we call or what some people call pop-up sheltering. That may be the church across the street from you in your neighborhood who never thought they would be a shelter but they are the only ones with power. They have opened their doors and that's the shelter.

So those are kind of the two different types of sheltering that we would like to discuss around today. You have already had

preparedness and communication and transportation. I would imagine in some ways you've started to touch on sheltering because sheltering really encompasses parts of all of that. It all sort of goes together.

I am going to start by opening up and asking if -- and I'm kind of looking at the service provider side of things first. If from the service provider side, okay, it is day four, we finally get some clearing. Your clients have been shut up for four days with snow, what do you need to be doing now and what kind of information and partnerships do you need in order for that to be successful? Or maybe do you have a gap that you've identified and you have no idea what you're going to do. Let's talk a little bit about what you're doing now around sheltering on this day.

Let's start with sheltering in place. That's probably the most common form of sheltering. Especially for those of you who are living independently in the community.

>> You mean sheltering at our homes or sheltering for our clients?

>> DEBORAH WITMER: Your clients are sheltering in your homes, correct, most of them. Let's talk about how are we supporting that or what are we doing? What's the situation around people who are trying to shelter at home with access and functional needs since that's our focus population? Please, share.

>> Communication. That's all that comes out of my mouth. We need to be informing our clients what's going on. We have a three-day window here. We need to be finding out from them how they are, what they're doing, what they need and resources that we can offer them. We probably can't drive out to them and bring them whatever they want. But we need to be giving them the information they need to be able to continue to sustain past this first four days.

So, really, I can see in our area it being U.S. judge whole lots of email, Twitter, and Facebook stuff going out about how to prepare. Don't turn on the propane tanks, in your car, how to stay safe in your house.

>> DEBORAH WITMER: Information about how to stay safe. If you got information about what needs are, then what?

>> Then we hopefully are getting resources from our own community so that we can tell them where to find those resources. Communication of everything as small HS, social service agencies, we will be gathering information for ourselves, for our clients, everybody. Probably have more access to information than our clients do. And then be taking that out.

>> DEBORAH WITMER: Okay. What else?

>> A CR -- we are a clubhouse. So our members will be coming to us more than likely and so we'll probably be there and we'll become a shelter more than likely. So at this point, we will be running

out of food because we have a hospitality unit where they're going to be eating the food up there.

And they will probably have shelter there. We'll have sleeping bags and stuff provided and blankets and stuff so we're looking at providing the necessities for them getting back to their home.

>> DEBORAH WITMER: So it is not just about sheltering in your facility but then moving them back into their --

>> Back to their --

>> DEBORAH WITMER: With supportive services from your agency, is that what you are planning?

>> Yeah, getting them back to their home environment. Making sure they're safe.

>> DEBORAH WITMER: Have you identified any gaps there as to what they'll need that you can't provide perhaps?

>> Transportation is our big factor. We have a 15-passenger van and we have chains. A lot of people rely on Access and bus transportation. But in the event of this magnitude, it would be broken. And medication would be broken. So we have a lot of needs with our members. It would be detrimental to our members if something like this happened. This would be a disaster for us.

So... We have to look at everything.

>> DEBORAH WITMER: What else?

>> So it depends on what infrastructure you have in place at the facility or what they do. But, you know, fuel, if someone has a generator, they have support, you are running into the four-day mark. So they need a fuel resupply for a generator or other things, if very their durable medical equipment, water, food.

Ideally at this point there's a community organization that can come on board and help with the homebound program so things are delivered there. It is local in your community so they can get hot food.

Another big factor at four days is mental health and being able to actually just have some physical contact with another human being. That is a huge improvement. That lifts spirits up. That's going to -- that just overall increases everything, just a simple conversation.

And at that point, you have family members who -- your services are down, landlines are down, they are wondering what's going on with their family. If there is a way to get these individuals, that bridge back. Maybe during that reprieve, that's a great time to be able to go have a family member or a friend to go pick up that individual and bring them back into a house, a more -- a family member's house and move their sheltering so they have better resources available.

>> DEBORAH WITMER: I'm going to tag on something you said. You talked about for four days people are running out of food, water and

medical supplies.

And they are hoping community services are in the area to help that. We've got some community-based services here. Are you prepared to do that? And have you figured out how to food and medicine and water to people who are shut into their home? I'm curious. And if you have, what do you think that's solution's going to be?

>> Next week we're beginning an emergency preparedness class just for this situation. We're starting a six-week class on emergency preparedness just for this reason, to prepare members and staffing for these scenarios. So that's what we're getting started with at Arrow.

>> We mostly do what we call information and deferral. So what we call information, where the people can get food or something. But at the Arc, we just prepare a little bit. Hopefully we will change a little bit. But most of what we do is advocacy and information on referral. So basically we know every little resource and we post our Web site and have multiple -- but we will do -- we will still think about doing this, a little bit more, five, seven days.

What we prepare is just two days. The water, emergency kit, some snacks and some dry food so they don't have to cook, and medication. And we kind of focus medication with transportation.

So our families that have developmental disability can get the treatment because what we -- the most people we support having child disabilities and have a behavior issue. So it is not an option when the child has the behavior. So we can think about when we can put our children -- if the family had to behavior issue. Who has more opportunity, more access? We still work on it for all that stuff.

>> DEBORAH WITMER: What about this -- I'm still back here because, I mean, I think in all the sessions that we've done today, that's been a big gap. In that three-day window. When somebody needs food and water and medicine and they're not able to get out of their house, there's an expectation. Some people expect the government will swoop in and help you. I'm not with the government and I can tell you right now they are not going to be able to do that.

Some people think community-based organizations are going to do that. But I'm not so sure that community-based organizations are all set up to do that either. So I'm wondering here where the disconnect is.

>> I think this is in part of the education that I do with disability populations, deaf and hard of hearing and general disability, is forming that personal support network and learning how to use it. And that personal support network briefly is someone has a key to your house that can get in and come and help you.

Someone in your neighborhood knows who you are or will check on

you. Someone in your neighborhood, you will go out and check on. So it is putting people together. So, again, it is coming back to that preparation and education thing because if they have that kind of a network, even if they forgot about it, we can remind them. Do you have that network? Go look at it. Go find that person you were supposed to connect with and take that step. We can start with family members and caregivers and neighbors. And then you have layers of support. But it is an education piece. If they don't know that, they don't have that, then we're right back to where you're asking the question.

>> DEBORAH WITMER: It is a lot of work on an individual level. Anybody who doesn't get prepared on that level is left out.

>> We are talking about shelter, right? So I think a lot of people don't understand the ESF6 and 8.

>> DEBORAH WITMER: And remind us what ESF stands for?

>> It is the emergency support function. Who's responsible for that? Right? ESF8 is medical. That's public health. ESF6 is sheltering, and that's department Of Community and Human Services. Everyone thinks it is Red Cross but it is not. They have partners.

So it is a big, big plan to figure out who's engaged in that and how we do it because I've heard people at the table talk about a four-day snowstorm. A three-day snowstorm shut Portland down. And the Red Cross, they don't even have shelters identified for reasons, right?

So I think we need to really, really go to the drawing board on this and see what agencies do we have engaged. What agency do we need to provide training for? And what level of training do they need? We work with four-star churches, they have shown us four days of sheltering people, you run out of help. But they do have a great plan that they taught us. And I will just tell it really quick.

It was one church but you align all these churches to provide services at that one church. But you need to be trained to know what type of sheltering you are going to provide.

So I think, again, it is our role to teach people. We really need to know who is responsible for sheltering and what their responsibility is to shelter because, again, us pushing back on our non-profits, our CBO, it is not fair and they can't do it. And it always represents them in contract time when really we need to be working with them ahead of time to say, if you handle that population, here's the training you need to do if you're going to shelter them because, believe it or not, it is not their mandate. It is DCHS'.

And it may go under their contract, but I don't think we've really had that conversation with them because we're afraid to have that conversation because we know that sheltering is something else. After 48 hours, it grows. It is overwhelming to everyone.

>> DEBORAH WITMER: I would agree.

>> Really, when we are talking about preparedness, that's a place where we really need to start because, again, we are going to be building government infrastructure. We are really going to be dependent on our partners to help us -- to provide those services.

>> And to be honest as a disability advocate, this is those shelters that I have the most fear will be inaccessible or present barriers to people with access and functional needs. Not intentionally, obviously. But because they haven't had the preparedness and the training.

Let's face it, churches are usually old. They may not be up to code. They don't have accessible bathrooms. They are down steps. I mean, all kinds of nightmares.

>> Their intentions are good but their ability to do the services, without the training, proper training, without the access mobility, it becomes more of a -- it is almost like having volunteers that are not trained. You end up trying to manage those volunteers that are not trained instead of dealing with the issue.

>> DEBORAH WITMER: That's some truth telling. No, I'm serious because I think our government partners, they are afraid of that. That's part of what they're afraid of, because of the expectations in the community and because they know those groups want to help.

But the help is not always and that's very hard to deal with.

>> If we look with our CBO -- when I was a business manager, when we have our provider relations meeting, this is when we talk about our objective. We talk about our mandates and we talk about our deliverables, right, instead of talking about maybe you need to do this to make this contract. We need to talk about all that. This is the money you have. This is what we expect and you're responsible for these people. Now, how do we do this? In our provider relations with our providers, that's a great place. That includes contract, funding and the way we deliver our services.

>> DEBORAH WITMER: Good points. Good points.

I hear a lot that government contracts, well, they come with a mandate. But you can't just leave it at that I think as you just said.

>> There needs to be some clear understanding, some roles and responsibilities.

>> DEBORAH WITMER: Mm-hmm, yep, yep. Good points.

What else? Let's talk a little bit about sheltering and accessibility. I think those of us who have access and functional needs have some real fear about going into a general shelter and what are we going to come up against. What are you thinking about around providing accessible shelter?

Yeah, Christine.

>> What can I say, I'm part of the Pierce County FAST team.

>> DEBORAH WITMER: I wanted to talk about FAST team. Why don't you do that.

>> They are functional assessment service teams and they are teams of trained service providers who have been trained to provide their services in a shelter environment. So in the event that a catastrophe happens as a shelter is open and special needs are identified in the shelter, the county will deploy the FAST team member there and we bring our resources, skills and information in and do what we can to provide access and function to help them maintain their normal sense of independence inside a shelter.

So that's not something that's available everywhere but it is spreading. I believe King County had something similar but you haven't actually --

>> DEBORAH WITMER: Not yet but we're working on it. That's my little advocacy piece. You are in Pierce County. Pierce County is probably leading in Washington. They took the model from California and did it for pierce. A number of counties are starting to put them together. The state is very interested in pushing this statewide, but there are a number of counties, King County being one of them, that hasn't come on board yet. Just little soapbox for three seconds.

If you live in an area that does not or serve an area that does not have a FAST team, start advocating for one now. It is going to take a push, I think, from the bottom-up of people saying --

>> If you need a consultant for FAST, I'm available.

>> Oh, wow.

>> DEBORAH WITMER: Push your jurisdictions because that is an awesome resource for your shelters who can very easily become overwhelmed with some of the individual situations that will be presented. Absolutely. That's a great resource. Yeah.

What else around sheltering and accessible needs? Yes?

>> I have been on the ESF16 for King County and they were talking about having a 200-some-odd shelter -- potential shelter sites already identified. And so, of course, I raised my hand and said, "How many of those have been certified as being accessible, at least minimally accessible?" And there was silence around the table.

So, finally, somebody came and said, oh, well, here's this nice inch-thick book from FEMA that you can use to go out as a checklist and figure out whether the shelter is accessible. And I said, oh, yeah? Well, how many times do you think somebody's going to use that before they just throw it into the fireplace and use it for, you know --

>> To warm up the room.

>> To warm up the room. Who's going to do that? You have to have

a simple checklist where you can go out and at least get the, say, 85% of access elements checked out. It takes no more than two or three pages after checklist. So I said, you know, if we can get some volunteers together to go out and do that, I can put together that checklist for you and I can train the volunteers to go do it and has it happened yet? No. It has been a year and a half since that was proposed. And it sort of walked away in the wind. So I don't know. I had to keep pushing for that. It has been an uphill battle.

>> DEBORAH WITMER: I will play a devil's advocate. I don't work for anybody. So I don't have to worry about getting fired. Who is responsibility is that in your mind?

>> I think it is the responsibility of several entities within government and within the community. Certainly I think prime coordination goes to the EOC. But we have -- we have lots of contracts and MOUs with entities out there.

And a lot of those shelters that are not accessible are fine for a lot of folks.

In a machining, you can't start hunting -- in an emergency, you can't start hunting around for money that is going to meet the needs of someone in a wheelchair, who has an oxygen tank.

I think it's going to take either someone filing a major complaint or a lawsuit.

Or will take a handful of really dedicated individuals in the system who will say we absolutely, positively need this.

>> DEBORAH WITMER: Those are really good points. In some areas of the country, it has been the lawsuit that has made it happen here.

>> Why? We are guard years of a lot of those folks, right? We make they get to the doctor, they get their food stamps, make sure their life is taken care of. Why aren't we saying, if something happens, we need this service for our population, that's those department's responsibility. It is -- it is their mandate. You know, like this is a population I serve and I am representing that population and this is what we need if something happens. I think it's those departments' role to advocate for the customer that they serve. So when I was in DCHS we had mental health addiction services, those social workers advocated for care even in the jails like these people don't understand what you're saying to them and when you are talking to them, if they don't understand, they become unruly. It is not because they disrespect you, they don't just comprehend what you are trying to tell them.

They have to be the advocates for the jail to say we need special populations. Age in disability, those should be the advocates saying, this is the community, the client that I represent. This is what we need.

>> DEBORAH WITMER: Reactions to that? It is the government's

job to make sure that happens. I'm not disagreeing or agreeing. What do you think? Yeah?

>> AMAL GABRINSKI: I think there's a variety of people who are responsible for making better efforts. I think government, to the extent that they are granting contracts to community-based organizations do old a big share of responsibility. But, there's this pervasive trend in social services, it is all about institutional humility. And we get really afraid to speak up and we get really afraid to bring up our causes because we're going to rough full somebody's feathers. They will not like it when we say it. We end up shooting ourselves in the foot because we don't go to people who make the decisions. We don't go to the lawmakers. We are not present in the legislature nearly often enough to say this is crap, because if this was you, if this was your family, if this was your kid, how would you feel about not being able to go to the shelter with them because they couldn't get in the door? That's one element of it.

The other element of it -- and this is my own personal agenda is that, you know, our -- the people that work in state government that do make the decisions, I think that they are in some ways derailed by the fact that there are very few people in disabilities in those positions of authority. I think when you have people who are experiencing those particular challenges, I think they bring a whole different set of information to the game.

We are here with a friend of ours who is a person with a disability who uses a wheelchair. And we were laughing on the way in to eat that he was having a hard time getting between the tables, haven't thought about the distance between the tables. Yeah, except they just didn't plan it for you because you are disabled. (laughter).

And it is stuff like that where, wow, we really got to practice what we preach on every level.

And I always have this feeling if it were a person in the wheelchair going into a shelter to tell you, hey, is this wheelchair accessible, they could go to the door and tell you yes or no because they would be able to tell you if they can get in. But we don't involve that in our planning and I think that's a major fault.

>> Even disabled. You sit over there. I will play you in this plan. You just sit over there. I know you are disabled but I will play you.

>> Yep.

>> DEBORAH WITMER: There is a popular saying in the disabled community, nothing about us without us. I think a lot of us have taken that as a mantra because you can't plan for me.

>> I have been to Olympia a couple of times and sat in some of the disability advocacy days. Even though there is a clear agenda.

Arc does a great job of what will be good and how, the disability community cannot get to the same page we are often advocating against each other, that works for you but not for me.

And so I think -- and in health and safety and emergency planning, this is a great area for us to come together as a community.

>> And have a united front so we are for those lawmakers who don't have the personal experience. This could be a really great starting point for maybe finding some common ground and moving forward.

>> DEBORAH WITMER: Thank you for saying that. I completely agree. When we do a lot of work with emergency planners and government officials. They don't -- they don't get that, I think. And, yeah, I'm sorry. I don't -- I think it was perfect. That was perfect.

(laughter).

What else?

>> I think we are talking about sheltering and we haven't talked about this yet, reunification, we set up shelters, we bet people to go to them. How are they reunified back into their community. It could be disaster where their community used to be there like Oso, how does that look? But also the friends in the families of individuals who are displaced and what does that look like for them to be able to know their loved ones are okay because there is always that white space. When that happens, that's what comes in and tramples over the broken communication lines in a disaster area, everybody calling in to find out if everyone is okay.

I think it is an important aspect of sheltering I think sheltering in place is the ideal thing. The worse place they could go is to a place where there's a lot more sickness. People are most comfortable at home with people they know to overall it is a better experience for everyone if we can get the resources to them.

But the reunification piece is also a thing so I wanted to bring that up as a topic.

>> DEBORAH WITMER: I think that's an excellent idea. I heard a follow-up from a group of people who had gone over to Japan a year after their tsunami event and they had communities particularly in the elderly community in temporary housing that had been there for a year and they didn't want to go back. They had reestablished their community already right there and they didn't want to lose it again. And I wonder in an extended event if we won't build again our own communities, these places and have difficulty going back and recovering and reunifying.

>> Many places that were hit with tornadoes Joplin and Moore as examples, if you look at when there is a widespread disaster, can actually change the whole topic, the whole conversation about what community needs and it gives you the opportunity it reshape and replan

your community and that's something that is part of the recovery process. It is a important aspect. It is an opportunity to redefine how the community looks and how people have access to resources in the community. Can you build a community center within a part of where the resources people can get you the resources better or maybe you can have a -- like, you can start looking -- you can start looking at these topics and rebuilding the way things were isn't always the best way. There's some communities that want to just rebuild it and have it back to normal. And other communities are like, hey, let's take a moment and let's rethink about this because maybe what we had wasn't the best thing we can have moving forward.

But that happens at the local level. There is not going to be a bit government person that's going to -- a big government person that's going to come in and do this. This is very local.

>> DEBORAH WITMER: And I would like to pose a little bit of a question on a subset of that, not just your community but what about taking it to the personal level, our personal care -- our circle. The people that we rely on, our house mates, our neighbors, our food providers, our mental health providers, that if I'm living with access and functional needs, I've probably set up for myself or had set up with me a whole range of people. And how much of that is really going to be available, if any, in an extension of an emergency?

>> I think it is going to be short-term, not long time. You can't depend on someone a long time.

I think if we just talking about somehow shelter looks like, shelter is not -- it is not supposed to be like a fancy home so people can live. This is better where I used to live so I'm going to stay here. (laughter).

So shelter must look like a shelter but have to have a basic need. Have to have community. Have to have a staff having knowledge so they can fit those people the information they need, where they can get this, the information, the medication, all that stuff. It will be a temporary time so the staff shelter have to be more knowledge to handle it as a shelter.

>> DEBORAH WITMER: Our shelters become our information exchange places, don't they? I'm sure you talked about that in communications, I imagine. That's a big deal.

>> From my experience with sandy, every community I visited -- and I visited a lot of the different ones, is that everywhere there was very few formal shelters in place. There was a Red Cross shelter that I went and visited. They had a special needs elderly population shelter next door to that that was run by the county and was supported by Health and Human Services. But the majority of them were -- it was the church that had power on Staten Island. And there was another church in the Rockaways as a hub. And they took all their -- the

other thing is shelters and resources, they come and give you things, especially after a big disaster. So you have resource management, you have all this stuff and they had to bring a tent in to take all the stuff that was in the gym and move it outside so they can make the gym space someplace for the community to do that.

Also, what is the long-term effect? Hurricane Sandy, there was neighborhoods that didn't have power for months. What does that mean as you are trying to relocate that sheltering? What is that long-term impact? People were in -- the lack of information about power was a huge thing. 17 miles of coastline was out. So there was pockets that were out for months and months and months.

All those factors come into play. There's not one answer. There's a lot of redistribution of things. There's a lot of people with functional needs who -- they don't do well from my perspective in the impromptu shelters. They're not set up to really be able to handle people. And the ultimate place people with durable medical equipment that requires electricity, they end up at the ER because that's where there's power. There's communications there.

The other part of this is communications is a big piece of this. And I don't mean physical communication like infrastructure, like computer networks or voice over I.P. or cellular networks. Cellular networks don't work after a widespread disaster. Text messaging may work for a while but that's going to be your thing. Landlines are down so trying to get that for public accessibility, it is really important.

>> DEBORAH WITMER: So -- please.

>> I was just going to throw one other suggestion out there that when we talk about shelters, understand that there are definitions to those again from a government standpoint, from an emergency management, there's very clear definitions what we can and can't do in them. So if we're just sitting up a cooling station or a warming center or something like that, those are easy for us to do. But to set up a true full-scale overnight shelter, we have to have a place for families. We have to separate men and women. We have to do background checks on these people coming in, our volunteers have to be credentialed.

We have to have food. We have to have medical staff there. Logistics is a huge, huge issue when we say Tukwila is opening up a shelter versus sheltering in place. And, again, I would go back to providers here that are here that have clients. What are you doing to help them with logistics of being able to shelter in place? We're going to give that directive out. We're going to put it out through all of our resources and all that. We are going to blast that information out. For your clients who are disabled or don't have the means to, are you going in and helping them to have duct tape

to close up windows or plastic to cover windows and have a room identified as your safe haven, et cetera? Logistics is a big part when we talk about sheltering and being able to do that.

So hopefully we can get, you know, all of our partners in this whole thing to help their clients be prepared logistically to shelter in place.

>> DEBORAH WITMER: I know you have got an answer to this.

>> Oh, man. So I really respect the fact emergency management professionals are limited by the laws that have put them into place and the funding that they get and the rules and regulations. Sitting here listening to the logistical, we're going set up a shelter, background check, it just seems so ridiculous. Already in the community that has so many hurdles to overcome on a daily basis, now we're being told you better have a shelter in place plan. You got to have that plastic and the tape and the know it all and the wherewithal and all the plans you possibly have, you better have that on their own. This is a great place for advocacy, again, to go out and start saying this is a vulnerable population. If we're not going to take care of the people who most need it, then what in the world are we doing? I understand, again, perspective of we're trying to do the most broad and good as possible and there are limitations and there are great people obviously in emergency management. But this -- sorry, you're on your own, is -- it is hard to hear at a certain point. We will do everything we can, absolutely. But there needs to be a little bit more in my perspective.

>> DEBORAH WITMER: Hmm. Okay.

>> If I could really quick -- I think the background check is just for the people working in the shelters.

>> Yeah, yeah, yeah. I get that. I think it is totally reasonable because we are working with vulnerable populations. We would never want volunteers who have had a violent or anything like that. But it is an emergency. How much time do we really truly have to do a background check? If it is a wider emergency, who are you checking with? There may not be someone to check with. So you just don't put up a shelter? It is just -- oh... it is scary the greater implications of it.

>> DEBORAH WITMER: One more thing to put on that task list to figure out ahead of time.

Yes?

>> AMAL GABRINSKI: With all due respect to my colleague to the left -- (laughter) -- we argue like this all the time so it is nothing new. I completely agree with everything she has to say frankly. I think the other issue -- part of what I hear is, you know, so people that have residential clients, are you going to be make sure they're safe? And there is other providers in the room here. Of course,

we're going to make sure they're safe. That's what we do. That's what we friggin' get paid for. Of course, we will make sure they are fine.

I worry far less about our people that we have on a contractual and moral obligation to that are in service and we know we are going to take care of. I worry far more about people who don't identify to anybody else as having a disability. Somebody who had a stroke and lives in the apartment on their own and doesn't have family. People who experience mental health challenges and were living on their own and are isolated. Those are the people I worry about more.

I know that my clients even when stuff goes down, the worst it's going to be, they are going to have the safety net because I'm there, too. And we're all going to make sure that we are in a safety net. The people that don't have those connections, I feel like that's where the energy needs to go because they don't have the virtue of an agency that's going to be there to pick them back up. They are on their own and they are people who are disadvantaged in a variety of ways and can't just make it to the shelter.

If it were me and I were going to put my dollar somewhere, that's where I would want to put my dollars.

>> DEBORAH WITMER: Did you get that, Ashley, because that was an awesome point? It is something we don't talk about because we are scared to death of it. We're having a hard enough time working with those of you who are sitting in the room. Now you want me to work with people who aren't even here?

>> That's the 800-pound gorilla in the room. Now, guess what? You got a whole other population that have not been receiving services that you got to take in.

>> DEBORAH WITMER: And aren't connected in the same ways that everybody else is. This is why when I yell at preparedness folks, I yell at everything they do has to be accessible because you never know who's listening in what way they're taking in that information.

>> AMAL GABRINSKI: One of the populations we are starting to work with, I supervise a program that is a clubhouse for people with traumatically brain injuries. There are individuals who do not identify as disabled. When you come in and say you are a person with a disability and you are vulnerable and you need me, you know, it is the F word that's the next thick that follows which is totally understandable because you are not typically disabled, right? It is all these questions of identification and how we describe things and do we have to have a responsibility for somebody that doesn't want us to have a responsibility for them? And that's a really awkward question that we don't like to look at.

>> DEBORAH WITMER: You're right. You're right. We had some hands up over here.

>> I was just going to say, this is where we go back to communication and starting at the basic level because we don't have -- we can't wait for this disaster shelter.

Like I said, I only know the small town. So we've put in place our -- our EOC has a sheltering program. It is very minimal, that I know of. I'm sure they come a long way since I attended a meeting. But, you know, it's knowing your neighbors and knowing your local resources. That's what you need to know at the moment and then work for the bigger things.

>> DEBORAH WITMER: Yes? Real quick. We're ending.

>> One of the I think so this at the federal level that we looked at, there is not reimbursement from a Medicare and Medicaid -- from a Medicare standpoint for preparedness as part of a reimbursement, so the community organizations that you guys have, you go out and try to put a preparedness place in place. There is not a way to get that reimbursed to an organization.

>> Correct.

>> At a state level, if it was covered by a state level and Medicaid, then the community organizations would be able to get a disaster plan in place for them and they will look at the reimbursement for that time, for that nurse, for that practitioner, for that support individual to be able to come back and be able to do that. Right now, they don't have the funds.

If there was one policy thing that we could do at a state level, not trying to -- at the state level, is to be able to get a Medicaid reimbursement back to these community organizations or a reimbursement back as part of whatever the contracts for the Health and Human Services so one of the initial visits of taking on a new client is sitting down and going through who is your family, who can help you, what are those phone numbers, what are those resources that goes in with their file in their caseworker. So if an emergency happens, they can be their true advocate and let their resources know where they moved to, what is the emergency plan, what are their emergency contacts, how to get help to make sure there is enough food, water, supplies in their house, et cetera, et cetera, et cetera.

That would be the thing that I would -- coming from a policy standpoint, if there is any influence moving forward, that this is going to go forth.

>> DEBORAH WITMER: The lack of resources always tends to be what we run into, isn't it? Unfortunately today, lack of time. These-45-minute sessions have gone so fast. We have had some awesome conversations. Even though this is the fourth one I've done I've heard several new things in this one alone. I hope you have all experienced a good day of conversations.

We are now going to take a short break and then gather in the large

room to have a little bit of report out from all the groups so you can hear what others talked about and then we have a panel of folks who are going to try to sum all this up and try to put some context into everything we've done today. So I hope you will stick around because I think we've got some great stuff yet to come. Exchange cards. Go get something to drink, some coffee, some sugar and we will see you back in the room. Thank you for your conversation.